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Evaluation of the Social Work Practices with Adults Pilots FINAL REPORT

July 2014

Social Work Practices with Adults Evaluation Team

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Summary

This is a summary of the findings of the independent Evaluation of the Social Work Practice with Adults (SWPwA) pilots; an Evaluation that was undertaken 2011-14. SWPwAs can be defined as organisations independent of local authorities that are contracted to carry out functions that were previously the duty of local authorities in supporting community dwelling adults potentially or actually defined as in need of social care and support, especially in regards to assessment, care planning and reviews. The Evaluation collected data about the policy impetus that led to the creation of SWPwAs and presents a discussion about the policy announcements, debate and commentary on the pilots as they moved from idea to practice. There are commonalities but also differences between the Social Work Practices pilots with Adults and with the earlier Social Work Practices with Children pilots. Over time, the indicators of success as perceived by government changed and the lessons learned from SWPwA pilots should be seen as supporting the implementation of policy rather than providing evidence for policy formulation. The decision to pilot SWPwAs was made in 2010 and a series of steps followed - namely seeking volunteer local authorities to take part in the pilots as commissioners, deciding on the pilot remits and funding, drawing up contracts and making arrangements for staffing, the chosen areas of practice and methods of engaging with other local stakeholders. These are analysed in the full report.

Evaluation Aims, Design and Methods

The Evaluation team collected details of the different aims of the commissioning local authorities, set-up processes and pilot ambitions. We adopted a multi-method approach. Interview and survey data were collected in 2011/12 following the setting up of the pilots and this data collection was repeated and augmented in 2013. All data were analysed to provide evidence about the very different pilots and their developments. Key informants were the pilot staff – at all levels: the commissioning (host) local authorities; local voluntary groups; NHS local stakeholders and people who used the pilots' services (users and carers). Between November 2011 and July 2012, 50 interviews (Time 1) were completed. The second series of 79 interviews (Time 2) were completed between May and August 2013.

We sent out an online survey to local authority and SWPwA staff (response rates of 40% from staff within the commissioning local authorities and of 76% for pilot SWPwA staff, making an overall response rate of 42% – a total of 1097 responses). This survey was also sent to three comparison sites (response rate 50%; a total of 549 responses). This enabled us to hear from staff in a variety of work settings about their views and work activities. Later, at Time 2 (end 2013), our second survey achieved further satisfactory response rates of 76% for pilot SWPwA staff, 36% from staff within the commissioning (host) local authorities and 38% for comparison sites, making an overall response rate of 3% – a total of 1334 responses. Overall, 2978 survey responses were obtained from practitioners in the three arms of the study (SWPwAs, local authorities, and comparison sites) over the two time points.

Findings

Those interviewed shared similar perceptions of the helpfulness of the support and funding they received in establishing the SWPwAs. They valued advice and guidance, particularly the opportunity to share experiences, but most thought the timescale for the pilots was too short and many details had not been considered in time. Local authorities called for more precise legal, procurement, contractual, performance management, financial expertise and support from central government at the start of the SWPwAs and this continued to be desired across the lifetime of the pilots. There was considerable investment by SWPwAs in legal advice regarding their organisational and business development and they felt this could have been addressed by a pooled legal resource. Commissioners also argued that national resources might have enabled them to have been better commissioners and enabled costs to be reduced.

One particular SWPwA did not start until very late in the pilot period (September 2013) and did not start from a traditional local authority base. The pace of change was rapid or uneven for other SWPwAs during the latter part of 2013 – for example one SWPwA contract was foreclosed – but almost as great a change was seen in the number of extra requests made of other SWPwAs by their commissioning local authority to take on further work, both extra case work but also different activities. Sometimes this was a variation to contract – sometimes it was simply added on. There was some indication of a flatter hierarchy in some of the new SWPwAs, but the managers still had to deal with the contract and performance issues set by the local authority.

We found the notion of being ‘social work led’, as indicated at the start of SWPwAs, was unclear and became interpreted in different ways locally. There were many ambitions for the distinctiveness of the SWPwAs: such as their scope for reducing bureaucracy, for innovations in practice and around financial decision making. However, the surveys revealed that staff perception of how they spent their time was very similar among the three groups of participants (SWPwA, host local authority and comparison sites) with a few exceptions: first in relation to direct working with carers, significantly more pilot practitioners felt they spend the right amount of time on this compared to the other two groups (some SWPwA worked with people who were likely to have had carers). Additionally, more pilot staff felt they spent ‘a bit or much too much’ of their time in meetings and reviews, compared to the other two groups, particularly when first surveyed. Over the course of the pilots, significantly more pilot practitioners felt they were not spending enough time working directly with adults in need of care at T2 compared to T1 (53% vs. 44%). Importantly, the variation across pilots and major changes within some made it difficult to judge overall effectiveness, as measures or outcomes were not standard and ambitions were modified during the course of the pilots. Overall, pilot staff tended to rate their wider organisation much better than the other two groups. This was particularly true for items such as maintaining close contact with service users; ensuring service users were able to manage support; being available, and making time. Pilot staff’s positive views about the quality of care provided by their organisations mostly strengthened over time.

The 'business' of carrying out the activities of a SWPwA entailed debates about financial responsibility and autonomy but also premises, pensions and protocols. There were moves to clarify these elements and to set boundaries. To a great extent the work of the SWPwA remained tied to that of the commissioning local authority (with one exception where the interface was already revised). Beyond assessment and care management few of the pilots developed innovative social work interventions such as those which might draw on their therapeutic or counselling skills but some expressed ambitions to do so. Their abilities to innovate rested on the work plan agreed with the local authority which had sometimes set out a fresh approach to care management and managing expectations. Efforts to make savings were important in some sites but were complicated by the SWPwAs not generally having control of on-going social care budgets – most financial decision making remained with the local authorities, many of which were under financial pressures at the time of the pilots.

From the start there were debates about the long term sustainability of SWPwAs. Some related to concerns about the financial controls and workload prioritising within different SWPwAs while others related to policy and fiscal priorities. Nevertheless, perceptions of having being involved in the pilots were broadly positive across SWPwAs and local authority commissioners and there was a sense that they had gone some way towards developing the evidence base for social work with adults.

Over the pilots' timescale information requirements by the commissioning local authorities changed. As a result, data which could be compared across time are lacking. As a whole, however, the main elements of the contracts were left relatively unchanged legally although it emerged that adjustments to these were made, particularly at the end of the contract period. Support from the commissioning local authorities to the SWPwAs was considerable, ranging from providing free or subsidised premises, Human Resources (HR), legal advice, training and IT support. Many of those working in the SWPwAs expressed their appreciation of close personal and professional support from local authority managers. In some instances, support for SWPwAs from commissioning authorities was considerable and some local authority commissioners suggested that responsibilities for the quality of service provided by SWPwAs would ultimately continue to lie with them. An emerging issue, in light of revised inspection systems, was the extent to which SWPwAs would be inspected separately.

The SWPwAs' relationship with other agencies in their localities varied. The voluntary sector saw themselves as SWPwA stakeholders in a few areas and seemed confident in this relationship; however they were aware of the potential for competition and threat to themselves. When acting as representatives of specific client groups the voluntary sector advocated strongly for the specialism and 'human' resources of the SWPwA, whose staff they felt were effective, person-centred and approachable. NHS engagement was far less even, although NHS reorganisation may have pushed engagement with new activity down the list of its priorities. Overall, there was limited engagement of many local agencies with the SWPwAs.

Being a 'user' of a SWPwA is not evenly defined or experienced. Being given an information leaflet is hard to compare with the experience of another person whose statutory assessment and care management were undertaken by a SWPwA. Where there was expert support then users and carers were generally very satisfied and valued continuity of care. Service users who had been offered a form of case management from the SWPwA greatly appreciated this continuity and expertise. Specialist skills were valued as these were hard to access from a more corporate local authority. Significantly, more of the pilot staff felt that adults 'in need of care' were offered excellent services that ensured they had a positive experience of care than the other practitioners responding to our surveys. However, for some service users there were not great differences between SWPwA and local authority social work encounters. There was very little user involvement in most of the SWPwAs, either as volunteers or peer supporters, or more general community engagement. The SWPwAs did not generally undertake safeguarding work.

For most participants in this study - social workers, other practitioners, SWPwA managers and commissioners alike, SWPwAs offered the potential for job satisfaction, autonomy and in some cases greater opportunities for team working than they had experienced working for the local authority. In other areas, such as supervision practice and access to training, form filling and resource pressures, there were strong similarities with local authority colleagues. The terms and conditions of employment varied across SWPwAs and, despite legal advice and assistance from HR departments, many matters needed to be resolved. However, it is important to note that most staff were seconded from local authorities, or had moved to the new organisation through TUPE arrangements. Only two small groups of staff were self-employed or owner managers of their company.

Using standardised measures of burnout (Maslach), pilot staff displayed a much lower level of burnout than the other two groups in the study. However, these differences were observed from the onset of the SWPwA and none has significantly improved across time. Using Karasek Job Content Questionnaire, to measure a number of scales related to decision-making authority, skills discretion, support received from supervisor/manager and from colleagues, we found that SWPwA practitioners had lower levels of psychological job demand and higher levels of decision authority, though the latter slightly, but not significantly, reduced from T1 to T2.

Many of the positive accounts of SWPwAs seemed to be generated not by the characteristic of the innovation so much but as a consequence of the energy and enthusiasm that they commanded. Along the line, such enthusiasm was not always equally demonstrated by those who were less committed or less convinced. There are messages for implementation of SWPwAs from the detail of this Evaluation. Those working in SWPwAs appreciated good commissioning but also personal encouragement from the commissioners and national interest in social work with adults. One important message from this Evaluation is that how much practitioners and managers welcomed *positive* interest in adult social work assessment and care planning.

Chapter 1: Introduction

Background

The idea of independent Social Work Practices (SWPs) originally emerged in England in a government consultative Green Paper '*Care Matters: Time to deliver for children in care*' (Secretary of State for Education and Skills, 2006). This was followed by the report from a Working Group set up to examine this proposal and report on its feasibility. This report argued that smaller social worker-led organisations, independent of local authorities, could improve the morale and retention of children's social workers, reduce bureaucracy, and facilitate professional decision-making. It hypothesised that such a model could have a positive impact on outcomes for children and young people as well as the workforce (Le Grand, 2007). Following the Working Group's recommendation that the idea of SWPs be piloted, the law was amended to enable a trial or pilot period and five social work practices with children were established between December 2009 and May 2010.

In November 2010 the then Secretary of State for Health, Andrew Lansley MP, announced a new programme to enable social care workers to:

- 'Spend more time with the individuals in their care and reduce the bureaucratic burden on individual social workers.
- Take decisions much closer to their clients, resulting in a more responsive service.
- Feel empowered with more control over the day-to-day management of the practice.
- Make use of the increased financial flexibility to deliver better outcomes by stepping back and thinking creatively about resource use.
- Enjoy their jobs more' (Department of Health, press release, 2010a).

The decision to pilot Social Work Practices with Adults (SWPwAs) over a period of two years was announced shortly thereafter in late 2010 (Department of Health [DH], 2010).

Over the following year local authorities were invited to submit applications to become pilots. Seven pilots were approved (see Table 1.1). The DH originally intended the SWPwA pilots to start in July 2011 but most started up to a year later in June 2012, partly because the legal permissions had only been granted by Parliament in August 2011 under the Contracting Out (Local Authorities Social Services Functions) (England) Order, 2011 (see Mitchell, 2011). An extension to the Social Work Practice Pilots from their planned end in summer 2013 to 31 March 2014 was successfully sought from Parliament in December 2012 to provide more time for the Pilots to operate.

This is the main Evaluation report on the Social Work Practices with Adults (SWPwA) pilots. It covers the period from September 2011 to December 2013 and was

commissioned under the Department of Health's Policy Research Programme as an independent study. The design of the study was agreed with DH and modifications were made to it in the course of the Evaluation to reflect its priorities.

This introductory chapter presents the background to the pilots, while Chapter 2 outlines the aims, design and methods of the Evaluation and reports on research activities undertaken, including the acquisition of permissions and agreements to participate in the Evaluation. Chapters 3 to 10 report research findings from the interviews. They report on two main data collection undertakings, interviews from the first set of process interviews with key stakeholders involved in the SWPwAs (Time 1) and a second set of interviews in all sites, including those with service users and some family carers (Time 2). These chapters offer insights into practitioners', managers', users' and carers' views and experiences. Specifically Chapter 3 reports the setting up arrangements and how the pilots met their agreed plans. Chapter 4 concentrates on the running of the SWPwAs by covering matters such as their governance and management and whether they were social work led.

We move to report findings about the workings of SWPwAs in Chapter 5 with findings related to questions of efficiency, innovative practice, and financial decision making. Chapter 6 explores SWPwAs' possible future by reporting on their business viability and plans for the future. In Chapter 7 we move beyond the SWPwAs to report their relationships with commissioning local authority managers, their performance reporting, accountability, and the balance of power and support between commissioner and supplier. Chapter 8 investigates stakeholder engagement and perspectives, which is followed by Chapter 9 reporting service user outcomes, satisfaction and the extent of their involvement in shaping services and wider volunteering and community engagement. Chapter 10 is the final chapter to report study findings and this concentrates on experiences of working in a SWPwA. The conclusion to this report is presented in Chapter 11 which is framed around a set of questions regarded as important by DH as the pilots reached their concluding stages.

Policy goals

As Godden (2012) observed, the *Vision for Social Care* (DH, 2010) aimed to support the creation of mutuals, co-operatives, charities and social enterprises, and to enable these groups to have much greater involvement in the running of public services. The Secretary of State's announcement of SWPs for Adults in November 2010 can be seen as partly operationalising this policy in the one area of adult social care where local authorities have retained much activity, namely assessment and care management (in contrast to care home and home care services). While such policy is germane to the NHS (see the NHS White Paper, *Equity and Excellence, Liberating the NHS*, DH 2010b), SWPwAs were its key mechanism in adult social care and social work services. In Committee (June 2011) the then Minister for State, Paul Burstow, MP, explained:

In a nutshell, the SWP pilots will test several models of social worker-led organisations undertaking adult social care functions for which local authorities are currently statutorily responsible (Burstow, 2011).

The Minister also highlighted the social care policy context to this move. He related the SWPwAs to the '*Vision for Adult Social Care*' (DH, 2010a) and its ambitions to shift power from the state to the citizen by '*putting people and personalised services and outcomes centre stage*'. He emphasised policy commitment to the devolution of decision making, making it closer to people responsible for delivering services and, where possible, to users or service beneficiaries: '*That is an integral component of our wider personalisation agenda*'.

The Minister further set the pilots in the wider political context of balancing family and community action with state support. However, talking of the Children's SWPs, he contrasted their functions with the intended work of the SWPwAs. The former had been designed to focus on a specific area of support for children and young people, but DH policy intentions were to open up the idea to other areas of work that local authorities felt would benefit from '*a different approach*'. Referring to this as '*co-production*' the Minister reported that the DH had worked closely and co-productively with the sector in developing the pilots, setting up an advisory board (referred to as the Project Steering Group) with a wide membership including DH, the Department for Culture, Media and Sport, and the Department for Education. Other bodies represented were the Association of Directors of Adult Social Services, the British Association of Social Work, the Local Government Association, the National Council for Independent Living (now Disability UK), The College of Social Work and Social Care Institute for Excellence (SCIE).

The evaluation of the Children's SWPs produced its final report in September 2012 (Stanley et al, 2012a) and a series of articles has been produced reporting further data and analysis (Stanley et al, 2012, b, c; Austerbury et al, 2013; Hussein et al, 2013; Ridley et al, 2013; Stanley and Manthorpe, 2012). Overall, the results from this pilot have been equivocal and a key finding was that the great variety in the SWPs for Children rendered it difficult to ascribe specific changes to the SWP concept. Moreover, the evaluation revealed that the Children's SWP pilots could not have survived without the expertise and support provided by local authority children's services. Those pilots that were deemed successful received considerable support and resources from the local authorities; those that failed, did not. Most SWPs did not undertake child protection work; this remained with the local authority children's services departments. One pilot Children's SWP never left the local authority and the Department for Education accepted this intermediate model as viable in establishing further Children's SWPs. However, reporting on the early evidence from the Children's SWPs in 2011, the then Minister for Social Care stated that early evidence from the SWPs for Children '*strongly suggests that both clients and staff will benefit from service delivery by social work practices*.' Future outcomes were predicted to be positive. This interpretation was presented in justification of the testing of SWPs with Adults - as '*a completely innovative way and approach to delivering services for*

adults and their carers'. The Minister extrapolated policy ambitions thus to his Parliamentary colleagues:

We want to improve the experiences and outcomes of people in vulnerable circumstances, but we also want to empower social workers to do their job effectively and reduce the unnecessary bureaucracy that so often gets in the way. The programme will bring people who need health and care support closer to those who provide the service they need by reducing that bureaucracy and encouraging innovation and personalised services. It will also give social workers the freedom to run their own organisations how they want, within the constraints of their contract with the local authority. Again, evidence shows that staff working in employee-owned organisations have greater job satisfaction, leading to lower staff turnover and capacity for greater innovation. (Burstow, 2011)

The theme of continuity with SWPs for Children was further expressed by the Minister who explained to the Committee that SWPs with Adults would be empowered to discharge local authority functions in providing adult social care under the Order. *'They will be responsible for providing the support to people receiving services from the practice to achieve better experiences and outcomes'* (Burstow, 2011).

Funding for and remit of the SWPwAs

Central government funding (mainly from the DH) of about £1 million was made available to the pilots as a whole. Fourteen expressions of interest were received from the 152 English Councils with Social Services Responsibilities and seven of these were chosen to be pilots.

SWPwAs were permitted to undertake delegated social work functions such as managing day-to-day support and co-ordinating and monitoring service provision. The Minister noted that each participating local authority was to hold strategic and corporate responsibilities and would manage the contract and partnership with the SWPwA.

Table 1.1: Social Work Practices with Adults (SWPwA) Pilots' Stated Remit (in 2011)

Initial remit	User group	Area	No. staff	Aims	Governance	LA hosting	Remit changes during pilot
Full range of social work tasks	Adults with physical disabilities and long term conditions	Half of LA localities	16 - 20	Reduce expenditure / more creative providing services / reduce management / respond quicker to service users	Business unit within existing social enterprise (registered charity) / social work lead and three social workers on 'shadow' board.	Host organisation via tender: dependent on LA office space, assessment forms, IT systems and funding	Ceased operation mid 2013
Advice and information in community settings and telephone reviews	Adults and older people with needs below Fair Access to Care Services (FACS) threshold or funding own care	Whole LA area	Five or less	Preventative service / promote and maintain independence	Community Interest Company limited by shares. Two shareholders who are contractors with team: a Social Worker and an Occupational Therapist / An Advisory Committee	Working from home, dependent on LA for funding, IT systems, mobile phones, postal services and meeting rooms	Additional task: reviews of adults with learning disabilities in 'out of area' placements
All publicly funded social care services and statutory assessments.	Adults and older people, mental health problems, physical, sensory or learning disabilities	Whole LA area	Over 100	Better quality services / greater staff work satisfaction / more community involvement / access to wider range of resources	Community Interest Company operating as social enterprise / Board of Governors includes 5 employees / all employees members with 'opt out' option	Independent legal entity back office functions, such as finance and IT, supplied by CCG through contract	(Formally launched Sept 2013 after working in shadow form)
Assessment and care planning short term/re-ablement	Older people, people with physical disabilities and learning disabilities	One LA locality	6 – 15 (at outs et)	Use community resources and 'circles of support' / less bureaucracy / respond quicker to service users	Community Interest Company / Board of Directors and an Advisory Board with wider representation	In separate privately rented accommodation. Use LA assessment tools, forms and IT system	Addition of new geographic area in 2013
Social work and equipment and interpreting services	Adults who are deaf, visually impaired or have dual sensory loss	Whole LA area	21 - 50	Promote service user independence / more time with users / be a learning organisation	Limited Guarantee Company wholly owned by the LA. Planning to become a CIC	LA office space; opened resource centre / use LA IT system, Legal, Finance and HR for salaries	Addition of extra tasks in 2013
Social work, equipment and interpreting services	Adults who are deaf or hard of hearing	Whole LA area	16 - 20	Reduce bureaucracy / more time with users / quicker access to services	Community Interest Company / all shareholders are staff members	Located in LA building using LA IT, HR, Finance, Legal, Estates, assessment forms	
Social work services	Adults diagnosed with specific long term conditions	Whole LA / mainly active in one area	Five or less	Develop joint care plans with primary health care / more preventative via quick access to advice and information	Community Interest Company / the three directors are social workers	Independent organisation via tender: LA office, IT and assessment forms. 3 GPs also fund	Ceased operation 2014

Legal status

One clear difference between the SWPs for Children and for Adults was their legal status. As noted above, legal amendment was necessary so that local authorities could delegate some of their functions to the Children's SWPs. In contrast, as noted earlier, the legal arrangements for SWPs for Adults were enacted by a change under the Contracting Out (Local Authorities Social Services Functions) (England) Order 2011 and the time scale for this provision was initially two years. The Deregulation and Contracting Out (DACO) Act 1994 provides for the making of orders allowing such delegation. Specifically, the 2011 Order authorised local authorities to take part in two pilot programmes (SWPwAs for Adults and the Right to Control pilots) both of which involved some contracting out of certain adult social services' legal powers to other organisations, such as assessments under Section 47 of the National Health Service (NHS) and Community Care Act 1990. Although not specifying which legal powers were to be contracted out to Adult SWPs, describing the potential functions of the Right to Control Trailblazer sites (piloted 2010 - 2013) the Minister later noted that the Order allows the delegation of assessment functions under Section 47 NHS and Community Care Act 1990 (Burstow, 2011).

In late 2012 these powers were extended until 31 March 2014 (DH, 2012; Cooper 2012). This extension was designed to allow the pilots to continue providing their statutory services until this independent Evaluation was produced so that the DH would be in a position to formally consider next steps. The Contracting Out (Local Authorities Social Services Functions) (England) Order 2011 was amended by the Contracting Out (Local Authorities Social Services Functions) (England) (Amendment) Order 2012 to give effect to this decision and came into force on 13 December 2012.

The role of pilot programmes

Pilots present an opportunity to test different models or interventions to see what works and for whom – and occasionally why or why not. In some policy circles they are referred to as 'demonstrations'. However, in health and social care sectors there is concern that the evaluations of pilots differ considerably, meaning that policymakers may find it hard to compare the findings. Salisbury and colleagues (2010) noted that the evaluations of the pilots under the *Our Health Our Care Our Say* white paper (DH, 2006) varied in terms of their scale, methods, funding and commissioning route, yet such variations did not appear to have any strategic justification. Ettelt et al (2013) have analysed several recent pilots in health and social care and conclude that pilots serve several instrumental policy purposes, notably playing parts in policy formulation and policy implementation. We suggest that the role of the SWPwA pilots was to be such a 'policy instrument'.

The Minister reported that '*a rich variety of pilots*' of SWPs with Adults were emerging (Burstow 2011). He outlined the benefits of this rich variety thus: '*The pilots will give local authorities a unique opportunity to test the potential benefits of various models and to adopt innovative approaches in delivering services for adults*'

and their carers'. It should be no surprise therefore that the variety of SWPwAs posed challenges for overall Evaluation in being organisationally diverse and fluid in operation. (The different remits of the SWPwA pilots are outlined in Table 1.1 above.)

Jowell's (2003) review of government pilots recommended a mixed methods approach to collect evidence about both the processes and the impact of any initiative such as a SWPwA. Process evaluation is defined as '*a form of programme monitoring designed to determine whether the programme is delivered as intended to the targeted recipients*' (Purdon et al., 2001). However, problems are frequently encountered when studying pilot initiatives or demonstrator sites (Spicker, 2012, p12) especially where these are constructed in different ways. Spicker noted that pilots are run by enthusiasts who bring energy and enthusiasm and argue that what they are doing is new. Along the line, when pilots are extended, such energy dissipates as new activities move centre stage.

In the following sections we present an account of initial and early reactions to the announcement of SWPwA pilots that were used to develop an initial taxonomy of reactions which helped shape the framework for the Evaluation: first, power and control over assessment for publicly funded social care services (and other related areas) as exercised by a local authority and second, discretion and contractual risks.

Reactions to Social Work Practices with Adults (SWPwA)

Godden's (2012) collection of the wide variety of social workers' reactions to SWPs provides a framework for understanding the different views and reactions that may be expressed separately or simultaneously. The range of social workers' views Godden collected included:

- Opposition to the pilots as a matter of principle - social work should be part of the local authority and directly accountable to the public
- Fearful of the pilots as a 'Trojan horse' - although the SWPwA may start as social enterprises, they could easily become taken over by large national and multinational companies, much as in the wider social care sector
- Concerns about terms and conditions of employment with the decline of Transfer of Undertakings (Protection of Employment) Regulations 2006 [TUPE]¹ protections and the risk of contract non-renewal
- Concerns about the extension of the contract process to the complexities of social work practice
- Positive views of a model that could liberate social work from local authority bureaucracy

¹The purpose of TUPE is to protect employees if the business or service in which they are employed changes hands. It covers situations where services are outsourced, insourced, or assigned to a new contractor. Its effect is to move employees and any liabilities associated with them from the old employer to the new employer by operation of law.

- General uncertainty.

Similar to the inherent questioning of some of these views, was a publication by the trade union Unison (n/d) outlining its stance on Social Work Practices (see Box 1).

Box 1: Reasons Unison opposes private Social Work Practices

1. Outsourcing doesn't beat bureaucracy
2. Profit is a drain on resources
3. More fragmentation
4. Blurred accountability
5. Frustration of inter-agency working
6. Social workers don't support it
7. Restricted CPD
8. Uncertain future for pay, conditions and pensions
9. Vulnerability to take-over
10. There are better alternatives.

We collected other views and developed these into key questions for this Evaluation.

Key questions

Responsibility and accountability

Addressing the Parliamentary Committee (Burstow, June 2011) the Minister announced that local authorities would be responsible for monitoring the activities of SWPwAs. They held the ultimate sanction of terminating a contract with a SWPwA if it was failing to meet the terms of its contract. In common with the importance placed on the contracts with the SWPs for Children (Stanley et al., 2012b) the contract was said to be the cornerstone of the SWPwA pilots. The Minister outlined how this would work:

Once in place, the practice will use its income under the contract with the local authority to provide services and to improve the experience and outcomes of people within the practice. The local authority will then manage the contract, monitor performance and manage the relationship as a whole. Periodically, the local authority will review the contract with the social work practice to set new outcome targets and to adjust payments. The Department of Health will expect such reviews to occur at least annually. The local authority will remain liable for the performance of functions undertaken by the practices and will work closely with the local authority, with each authority deciding which decisions it wishes the practice to refer to it under the agreement. Everything therefore will hinge on the specifications of the contracts. (Burstow, 2011)

This Evaluation investigates the nature of the contracts with the SWPwAs in Chapter Three.

Regulation

One issue raised in Parliament was the regulatory responsibility of the SWPwAs. The Earl Howe (Howe, 2012) noted in the extension of the regulatory powers to provide SWPwAs that:

The local authority pays for the services but maintains its strategic and corporate responsibilities through its contract with the social work practices. (Howe, 2012)

The Evaluation sought detail of this from the SWPwA managers and the local authority commissioners.

Sustainability

Diane Abbott MP (2011) noted that the SWPwAs would likely be quite small (although, as it emerged, some were sizeable). She expressed concern that they may be unstable and prone to takeover (see also Dearden-Phillips 2012a). She also suggested that SWPwA staff would have the worry of contract renewal, takeovers and mergers:

The Opposition would argue that although in principle this is an important innovation, we are talking about small and potentially unstable units operating in a climate in which local authorities are cutting back on funding. In addition, those small privatised practices will have weak bargaining power on local authority commissioning. (Abbott, 2011)

Staff terms and conditions

The question of adverse effects on employment rights and terms and conditions was raised by different commentators, ranging from individual social workers (Ermentrude2, 2012), trade unions (Unison, n/d), the social workers' professional association BASW (see Godden, 2012 and above), and politicians (Abbott, 2011). Specifics such as SWPwAs using freelance staff who have no rights to sick pay (Ermentrude2, 2012) and more general points, such as having two tier staffing terms and conditions, were raised (see below). The Minister (Burstow, 2011) noted that this topic had been voiced by a number of commentators and outlined the intended approach:

Staff who are seconded from local authorities to the practices will remain under the same conditions for the period of the pilot. Each practice will determine the terms and conditions of other staff members, and staff conditions could form part of the conditions in the contract between the council and the social work practice, so a good deal of safeguarding is built in.

Our interviews sought staff views on this subject.

Outsourcing

A number of commentators asked about the potential for professionally led SWPs – such as mutuals or other forms of Community Interest Companies (CICs) – to be at risk when potentially competing with large providers who have rights to tender for public services under European Union procurement and competition laws (Abbott, 2011; Godden, 2012; Samuel 2012a; 2012b) and may therefore bid for SWPwA ‘business’ following the pilots. In Parliament Diane Abbott MP further commented on the potential risks of spending too much time and energy on contracts:

Outsourcing in and of itself creates another form of bureaucracy though its tendering, contract monitoring and payment by results protocols and procedures. Although in principle the order represents a positive step, there is a concern on both sides of the House about how we ensure that its provisions do not get entangled in paperwork and bureaucracy. Some social workers have welcomed the opportunity that the pilots will provide, but other social workers would say...that they are not frustrated entrepreneurs; they do not need a profit motive to do their best for adults in social care, and they want that recognised. (Abbott 2011)

The balance of autonomy and contractual obligations was explored with the SWPwA managers and their staff in the interviews.

Service fragmentation

Concerns were expressed by some social services’ directors that SWPs for Adults could fragment support and undermine integration (another policy goal) (Jones, 2010; Dunning, 2011). They asked how taking assessment and care management out of local authorities, while leaving them with statutory responsibility for care funding and decisions on thresholds and eligibility, could be cost-effective. We asked both commissioners and SWPwA staff about this current issue.

Indicators of Success

Over time there emerged further detail of the policy intentions behind SWPwAs leading to more specificity of what were to be regarded markers of success. These were summarised by The Earl Howe in the House of Lords in November 2012 and are addressed in our final chapter:

It is perhaps worth outlining what we hope success will look like under these pilots: better quality of service; greater work satisfaction for staff; greater satisfaction for service users and their carers through better outcomes; greater community involvement on the part of service users, both individually and through partnership with user-led organisations; greater community cohesion through more joined-up services, because we see the SWP acting as a catalyst to encourage wider partnerships within a locality; more opportunities for volunteering; less bureaucracy and greater efficiency in systems and procedures; and integration of services. If we can capture all those benefits, the pilots will have proved their worth. (Howe, 2012)

Emerging ambitions

Across 2012-13 the SWPwAs themselves began to contribute to debate and claims making. During this period there emerged particular interest in the role of social workers with adults amid some sense that this was ill-defined and vulnerable. The College of Social Work, for example, held a Summit event on the role of adult social workers on 3 February 2012, at which three of the presentations described the work of SWPwAs. These illustrate some of the high expectations for the SWPwAs, for example, in the presentation outlining the ambitions for one by a host commissioner the SWPwA was being expected to be: *'More responsive', offer 'Greater involvement with users and carers' and to provide 'Value for money'*. Another commissioner reported that the SWPwA was intended to be *'Relationship based, a catalyst to information and empowerment, anchored around peer support, run transparently and inclusively with people, working with people's contributions and with an emphasis on a social work model'*. Other social workers were contributing to the social work press their views that innovation and creativity were possible within local authority social work and not the prerogative of independent practice (O'Riordan, 2012). Further media coverage has been in the professional press (see Samuel 2012c;d), with articles in 'Community Care' of which one received considerable attention in the professional social media (Smith, 2012) with its outline of the SWPwA's self-employment arrangements:

No pension, sick pay, maternity leave or job security beyond next year might not sound like ideal terms and conditions. (Smith, 2012)

More recently, another SWPwA featured in 'Professional Social Work' (Naqui, 2013) in which the expansion of one SWPwA was reported as well as the premature closure of another.

Summary of current and future status of pilots

At the time of writing (April 2014) one of the seven pilots had closed prematurely, with seconded staff brought back in-house by the host local authority

The SWPwA that had been part of a Care Trust Plus formally went live in late 2013 as a Community Interest Company (CIC) and members of staff have moved under the same terms and conditions, retaining their NHS pensions and Terms and Conditions. A Business Transfer Agreement and service specification have been agreed in this site with the local Clinical Commissioning Group (CCG). A new Managing Director has been appointed and a Board of 15 Governors is in place (Cooper, 2014).

The commissioners of the remaining five SWPwA pilots described financial restraints and shifting political will towards 'spinning out', both locally and nationally, as affecting their final decision for the future of their pilots, post March 2014. There had been some uncertainty whether there would be an extension of the Deregulation and Contracting Out Act until the implementation of the Care Act 2014 to enable the continued delegation of statutory functions to the pilots (Clause 75 of the Care Bill

was drafted to enable councils to delegate their statutory social care responsibilities to an external body). A couple of SWPwA managers described January 2014 as being the time to establish stronger negotiations with their local authority commissioners about their next steps, but these discussions were needing to be in the context of the Care Act's expected provisions, such as the anticipated increase in demand for assessments as a result of the government's cap on individuals' reasonable social care costs. There have been general expectations of the outsourcing of at least some assessments as a way to manage these new demands and expectations.

For one pilot with independently employed workers there will be no requirement to TUPE or to change legal arrangements since the relationship is one that is a contract for services. The pilot was viewed by host commissioners as providing a good service; however, its confirmation of funding beyond April 2014 was linked to new work with a different client group.

A commissioner of another SWPwA confirmed their intention to renew its contract with the SWPwA in its current form for a further year from April 2014, so this SWPwA will not be without resources after April 2014. From the commissioning perspective, work was needed in this locality to undertake all the necessary arrangements that must be in place to become a CIC. The commissioner of this local authority reported that this development was not taking priority over its pressing need to concentrate on money saving projects, although the work for a CIC remains in progress.

The continuation of a third pilot in its current form for a further year, beyond March 2014, was seen as dependent on improved quality assurance measures. Beyond this extended pilot stage this local authority intended to issue a full tender process for a new contract in 2015 and to work on the TUPE arrangements of seconded staff to the new organisation.

The commissioner of a fourth pilot speculated at the end of 2013 that the likely option was for its pilot to end in March 2014 and the service to come back in-house, indeed this decision was taken in early 2014. The achievements of and learning from the pilot have been seen as helpful in shaping plans for restructured provision locally.

The fifth host commissioner envisaged that the pilot will be extended for another year to a wider geographic area to further test the model of working. The form of the SWPwA will be re-evaluated to ensure that a strong partnership relationship with the commissioning authority is securely embedded.

Finally, those working in one of the smaller pilots were hoping to acquire new contracts from other local authorities to carry out non-statutory independent social work, and planned to pursue independent funding or sponsorship for this work if its contract is not renewed. While its existing contract of work has indeed not been renewed, it has been offered other work with a different client group.

At December 2013, all pilot managers characterised the pilot period as being one of intensive activity and change, and more than one reported that managing unexpectedly high workloads had not allowed sufficient time to do all the strategic business planning they expected by this point in time. Two pilots have had the benefit of consultant input from the Cabinet Office Mutuals Support Programme. This input was valued highly and enabled the development of comprehensive business and transition plans for 2014 onwards. At April 2014, the legal uncertainties were less troubling but the pilots have been modified considerably. The exception to this is the one pilot that had a very different legal and organisational basis.

Role of Social Care Institute for Excellence

The Social Care Institute for Excellence (SCIE) was also commissioned by the DH to provide support and advice to the pilots (see SCIE, 2012a, b). We report in Appendix 1 the membership of the Project Advisory Group. The pilots were supported by several consultants, working for SCIE, who also attended the Project Advisory Group, thus support was provided both by and on behalf of SCIE. Chapter Three reports the commissioning local authorities' and the staff in the SWPwA's understandings and views of their organisations' relationships with the DH.

While outside the scope of this Evaluation, a set of 10 Social Work Pioneers also became associated with the SWPwA pilots (as described in SCIE, 2012a, b) following expressions of interest in developing as a SWPwA from organisations that did not or could not in the end submit proposals (see SCIE, 2011). An interim publicly available report and follow up covering both the SWPwAs and the SWP Pioneers was produced by SCIE and the University of Bristol (SCIE, 2012a, b). Over the course of the Evaluation the support from SCIE and its commissioned consultants (whose work concluded in March 2013) included:

- Meetings and activities in each of the pilot sites
- Shared learning events
- Specific learning about social work and social enterprise
- Meetings between the Project Support Group and the SWPwAs
- An online community of practice.

Approach to anonymisation

The pilot sites and participants have been anonymised in this report and we plan to adopt this approach in relation to formal and public reporting following the Evaluation. The anonymisation of individuals participating in the Evaluation is particularly important when collecting sensitive qualitative data. However, there has been much publicity about the pilots, some emanating from their own staff, and some arising from the interest of the professional press and professional associations. The work of the Social Care Institute of Excellence (SCIE) in supporting the pilots has

also been reported in the public domain (2012a, b). In light of this it may seem curious to anonymise our participants and the pilots, but we found it very helpful to offer assurances of confidentiality to staff who may have wished to express views that they do not want to voice more publicly. Similarly, some of the possibly identifying characteristics of service users and carers and their locations have been obscured to protect their anonymity.

Summary

The Evaluation collected data about the genesis of the SWPwAs and continued to monitor and analyse policy announcements, debate and commentary. It has identified some of the commonalities and differences between the Social Work Practices with Adults and with Children. Over time, the indicators of success as perceived by government were more clearly articulated and influenced the Evaluation's analytical framework.

Chapter 2: Evaluation Aims, Design and Methods

Introduction

In this chapter we outline the Evaluation design as agreed with the research commissioners, the Department of Health (DH). As might be expected when following any set of very different initiatives, the Evaluation timetable and plans were revised to adjust to different timescales. We have tried hard not to overload the SWPwA pilots or local authority commissioners with unduly onerous demands, particularly as they participated in learning and support events, initially commissioned by SCIE, as well as establishing themselves and often making substantial changes across the timespan of the Evaluation. The pilots also became the subject of attention from the Cabinet Office, especially those developing as social enterprises, and from the DH and the professional press. We were aware of the risks that the support from consultants commissioned by SCIE and the other SCIE commissioned ‘developmental research’ (Constant et al., 2012) and our own independent Evaluation could appear confusingly similar, even overwhelming or burdensome for pilot staff, and kept our requests for data to those deemed necessary for the Evaluation only.

Aims

This Evaluation had four key aims initially, namely to:

- Identify features that differentiate the SWPwAs from usual practice in local authority adult social care
- Examine the effect on social workers and other practitioners
- Explore the effect on service users and carers
- Investigate the cost/benefits in comparison to standard services or arrangements.

Aims, Design and Methods of the Evaluation

The following section outlines briefly the aims, design and the methods for data collection and analysis. Table 2.1 sets out the timeline for the SWPwA pilots and Evaluation.

Table 2.1: Timetable for Social Work Practices with Adults (SWPwAs)

Activity	Timescale
Secretary of State announces pilots	Nov 2010
Expressions of interest, selection and refinement of proposals from local authorities	Jan–Mar 2011
Selection announced. Planning, consultation, procurement by local authorities	Mar 2011–Jun 2012
Pilots in operation	Oct 2011–Mar 2013 (extended to 2014)

Evaluation interviews, visits and surveys	2011–2013
Review and planning for future phases	Sep 2011 and Apr 2012
Regular shared learning events among pilots	May 2011–Dec 2012
Parliamentary approval to extend pilots and wider dissemination of learning to 2014	Dec 2012
Evaluation Interim Report to DH (internal document)	March 2013
Additional learning event organised by pilots	Jul 2013
Close of one pilot	Nov 2013
Submission of main Evaluation Final Report to Department of Health	Jan 2014 and April 2014
Publication of Evaluation Final Report following peer review	Anticipated mid 2014

Design

There were two main forms of data collection in this study. The first consisted of a process evaluation in which interviews were undertaken with a range of commissioners, project leaders, SWPwA staff, other key stakeholders and service users and family carers. The second was a survey conducted at two time points. Below we include details on the study methods and data collection.

Overall the main design provided a framework for examining both the *processes* of planning and implementing SWPwAs and delivering services and the *impact* of SWPwAs on those seeking their services and their carers. The impact of SWPwAs on their own social care workforce, the judgements of commissioning local authorities, user views, and engagement with other local agencies were examined in semi-structured interviews and surveys explored staff perceptions of satisfaction and accomplishment in pilot and comparison sites. However, plans for some elements of the Evaluation were revised when it emerged that some data collection would not be possible, some analytical considerations were not feasible, and that timescales were not uniform.

Methods

Process Interviews

Between November 2011 and July 2012, 50 interviews (Time 1) were completed with a range of stakeholders including local authority managers, SWPwA staff and managers, and other key informants. The second series of 79 interviews (Time 2) with SWPwA managers and staff, service users and other stakeholders were completed between May and August 2013. Of the 129 interviews carried out at Time 1 and Time 2, 109 were face to face interviews and 20 were by phone to suit participants' convenience (See Table 2.3 for details of participants by role and Table 2.4 for breakdown by site). All interviews were

transcribed and were coded. The qualitative data were analysed by a process of constant comparison of themes; findings are reported in Chapters 3-10.

Participants were assured of confidentiality and that questions were not a test of their knowledge or that their replies would be reported to their managers. Interviews lasted between 45 minutes to an hour, and were conducted by the same interviewers at Time 1 and Time 2. Interviews were digitally recorded and transcribed. Any identifying details have been anonymised.

Table 2.2: Interview participants at Time 1 and Time 2 by job role (n=129)

	No. interviews Time 1:	No. interviews Time 2:
Pilot lead / Manager	9	8
Social worker (& OT), pilot	10	11
Host commissioner / lead	11	7
NHS stakeholder	5	5
Voluntary sector stakeholder	11	9
Consultant to local authority	4	1
Service user / carer	n/a	38
Total interview participants	50	79

The interview schedules reflected the aims and arrangements of the local pilots and were therefore semi-structured to enable participants to report their experiences and views. The interview schedules were developed, consulted upon, piloted, and amended, where necessary, with members of the User and Carer Group advising the Evaluation. The anonymised data were subjected to framework analysis by members of the Evaluation team, involving five stages (Pope et al., 2000):

1. Familiarising – researchers began with reading transcripts repeatedly to familiarize and sensitize themselves to the data.
2. Identifying a thematic framework – researchers identified and delineated any emerging trends or consistencies in the text as ‘themes’. Mostly, *a priori* questions from the interview schedules were the starting points in the development of themes.
3. Indexing – each subsequent transcript was coded by application of the thematic framework to them.
4. Charting – according to emergent themes, the thematic framework was iteratively rearranged.
5. Mapping and interpretation – overarching themes are generally drawn up to explain findings.

Survey design

Practitioners' On-line Baseline Survey – Time 1 and Time 2

The on-line survey drew on relevant literature and research on the social care workforce and included two validated scales: Karasek's Job Content Questionnaire (JCQ) and Maslach's Burnout Inventory (MBI). These are psychometrically tested instruments designed for human services' staff. We had used elements of this survey in the current Longitudinal Care Work Study and in the SWP with Children Evaluation and it seemed sensible to make further use of it, with amendments. The survey was piloted and, following further minor amendments, was sent by email in SWPwA sites in July to November 2012 to the SWPwA staff and to host local authority staff. The baseline survey (Time 1) was sent to staff in comparison sites (December 2012 – March 2013). The follow up survey (Time 2) was sent by email to the SWPwA staff, to commissioning local authority staff and to staff in comparison sites in July to October 2013.

Recruitment of Comparison Sites for the Survey

Potential comparison sites for survey data were identified as good 'matches' for pilot sites according to a set of criteria that had been agreed as potentially relevant to the SWPwAs by the Project Steering Group. Criteria for matching are listed in Table 2.3, where selected comparison sites were required to score at least 6 out of 10 close matches with the SWPwA commissioning or host local authority. Those meeting these criteria were contacted in person, by email or by phone, and interest was followed up in conversations with senior managers. The comparison sites agreed to participate in the survey but their staff and stakeholders were not interviewed about SWPwAs since they were unlikely to have been in a position to have been able to comment on these developments.

Table 2.3 Comparison sites' matching criteria using national indicators (NI)

NI 125	The proportion of Older People (65 and over) who were still at home after 91 days following discharge from hospital into rehabilitation services.
NI 130 (2009-10 Definition)	Social care clients and carers receiving Self Directed Support in the year to 31st March as a percentage of clients receiving community based services and carers receiving carers' specific services (aged 18 and over).
NI 132	The proportion of new clients aged 18 and over where the waiting time from first contact to completion of assessment is less than or equal to 4 weeks.
NI 133	The proportion of new clients aged 65 and over where the waiting time from completion of assessment to receipt of all

services is less than or equal to 4 weeks.

NI 135	The number of carers receiving a carers' specific services and/or information or advice following an assessment or review as a percentage of all adults receiving community based services during the year.
NI 136	The number of adults of all ages per 100,000 population that are assisted directly through social services assessed/care planned, funded support to live independently. This includes those supported through services via grant funded organisations.
NI 145	The percentage of adults with learning disabilities known to social services who were assessed or reviewed during the year and were in settled accommodation at the time of their latest assessment or review.
NI 146	The percentage of adults with learning disabilities known to social services who were assessed or reviewed during the year and were in paid employment at the time of their latest assessment or review.
Vacancy rate of staff	As deduced from NMDS-SC, March 2011
Turnover rate	As deduced from NMDS-SC, March 2011

In total, three comparison sites were recruited that offered high level of matching to all the seven host local authorities piloting SWPwAs. This provided a sufficient number of comparative respondents for the Evaluation (over 1000 staff members were eligible to take part and were sent the online survey). Managers in the comparison sites cited a range of reasons for participating in the Evaluation. These included an interest in the findings of the surveys of their staff and we promised each a tailored report on their data.

Response to the surveys

The first survey of local authority and SWPwA staff achieved very satisfactory response rates of 40 per cent from staff within the commissioning local authorities, and of 76 per cent for pilot SWPwA staff, making an overall response rate of 42 per cent – a total of 1097 responses. The response rate for the comparison sites was 50 per cent; a total of

549 out of 1098 invitations. This compares favourably to the response rates achieved by other on-line surveys of practitioners which cover a range from 20 - 40 per cent (see, for example, Kulej and Park, 2008, and Audit Commission, 2009) and compares well with the SWP with Children's survey responses. A £100 voucher winner plus nine £20 voucher winners were chosen at each time point and welcomed their prizes.

At Time 2 (late 2013), the survey achieved further satisfactory response rates of 76 per cent for pilot SWPwA staff, 36 per cent from staff within the commissioning (host) local authorities, and 38 per cent for comparison sites, making an overall response rate of 39 per cent – a total of 1334 responses. A total of 2978 responses were obtained from practitioners in the three arms of the study over the two time points.

Evaluation team members worked closely at Time 1 and Time 2 with SWPwA and local authority contacts to obtain lists of relevant staff, to revise lists that proved to be out of date or incomplete, and to ensure that staff members were alerted to the survey. Some staff expressed concern about the survey and its purposes and it was necessary to respond to these on an individual basis. The Evaluation team communicated with the local authorities and trade union Unison to ask that their officers assist in encouraging responses at both time points, for which assistance we are grateful.

Table 2.4 Data collection in pilot sites and comparison sites

Pilot Sites	Practitioner surveys administered at T1 & T2	T1 Interviews undertaken	T2 Interviews undertaken
1	√	10	11
2	√	6	19
3	√	8	5
4	√	4	8
5	√	10	14
6	√	7	12
7	√	5	10
Comparison Sites			
7 Anon	√	N/A	N/A
8 Anon	√	N/A	N/A
9 Anon	√	N/A	N/A
Total interviews		50	79

Challenges for the design and implementation of the study

Following discussions with the DH, the research design was adapted as the Evaluation developed and knowledge of SWPwA pilots increased and some additional elements were introduced. Having undertaken the first set of interviews with key stakeholders to capture the process of commissioning, establishing the SWPwAs and their early operation, the team undertook a second series of interviews in Spring - Summer 2013, including interviews with a sample of users and carers and experiences in different sites. Many of these interviews were undertaken in people's homes, many with interpreters or communication assistance. In each site at least one interview was held with an organisation that provides services or support to the potential SWPwA user group to explore interagency communication and working and to provide an informed view of SWPwA activity. The Evaluation proposal had originally been designed to interview users and carers at baseline (T1) and later (T2) to help identify possible changes in user experience. However, this was not possible for ethical and practical reasons. These included the decision in some SWPwAs/local authorities not to inform service users that the employer of their social worker was changing to a SWPwA, the decision that some SWPwAs would not work with existing service users, and the lack of change in one SWPwA until September 2013. Thus interviews at T2 with users and carers (not user and carer representatives who are referred to as voluntary sector stakeholders) asked those who had received a service from the local authority previously to compare this with the SWPwA but this was not possible in many interviews. Data reporting these views are contained in Chapter 9 of this report.

As part of the Evaluation, in the one site where there was very short term contact with individuals a larger sample of those contacted were interviewed at home (n=15) and three observations of community information sessions were undertaken since this activity was included in the contract with the SWPwA with performance measures about the number of such sessions held. This was a nested sub-study and relied on the helpful assistance of the SWPwA social workers to make initial approaches to individuals to ensure that the interviewer did not contact people inappropriately and that individuals agreed to be contacted. While this had the potential of bias, in that the sample could have been specially selected, there was no other ethical or practical way of making contact independently. The sample of community information sessions observed was again at the invitation of the SWPwA social workers and the managers of the facilities where the sessions were being held. Again there is the potential for bias but there was no other way to observe this activity. From the onset of the Evaluation it was clear that there were major differences between the SWPwA pilot models, integral to the pilots' commissioning and the tenders encouraged or received. These variations in contexts and structures were to diverge across the period of the pilots. While our analysis aimed to integrate findings from process and outcome data, for example, to develop hypotheses regarding how changes in practice resulting from SWPwAs might impact on outcomes as well as explaining any differences in outcomes found between SWPwAs and comparison sites,

this was not possible to achieve for the SWPwAs as a group and so such conclusions relate to the individual pilots and their circumstances.

The Evaluation started by debating several potential outcomes with the Project Support Group, on which the relevant DH policy leads were represented, which were then explored in a set of interviews in detail as tailored to the specific local SWPwA activity and its different user group or specialism (the intended outcomes of the pilots were not known at the start of the Evaluation as the pilot commissioning took time to agree with the local authorities concerned and the DH). Wider stakeholder views regarding which might be the most likely to show change within the timescale of the Evaluation influenced this debate at the start of the SWPwA pilots, but it should be noted that the Project Support Group for the SWPwA Pilots was wound up in May 2013. There were no robust baseline data about the users of the new services; there was rarely a discrete handover day and some 'difficult' or complex cases were never transferred – although some SWPwAs acquired more evidence about this than others.

Not only did some pilots experience delays in 'going live', for two the actual start dates were complex to clarify. This postponed the recruitment of comparison sites and plans for distributing surveys. It should be noted that one SWPwA pilot had a very complex organisational history and did not officially start until September 2013. A further SWPwA was closed before the end of the pilot period.

However, progress was steadily made in relation to the Evaluation despite these challenges and the organisational restructurings of 2012-13 (notably in local NHS services). In 2012 three comparison sites were recruited to the study and data collection of initial baseline and process data was completed. In 2013 follow up data collection was completed. At both baseline and follow up we also explored how SWPs were collecting service user outcomes and satisfaction data and of what type, we sought information about contracts and any amendments, and of the perspectives of host finance leads. Much appreciation is expressed for the collaboration and commitment of the SWPwA pilots, local authority host sites and the comparison sites as well as the wider support personnel.

Research Planning, Design and Governance

As noted above, a particular challenge addressed was that of collecting outcome data from users and carers, mainly because many of the SWPwAs were not designed to be working long term with users. While some had continuity of cases, this was not the case for all. This rendered it likely that any composite collection of user and carer baseline data would be reporting the work of a minority of SWPwAs. Since at least one SWPwA intended that local citizens would be in minimal contact with it (following signposting), there was a risk that concentrating on long-term case involvement might also skew the Evaluation's findings. The approach agreed was that in each site at least one user/carer representative from the voluntary sector locally would be approached to seek information about any ways in which the SWPwA had engaged with users and carers locally. While this ran the obvious risk of bias, that the representative nominated by the SWPwA would likely to be more engaged with the pilot, this approach enabled the nature of any

engagement to be explored and additional interviews with voluntary sector representatives took place towards the ends of the pilots in the sites where the SWPwAs were still active. The recruitment strategy for these stakeholder representatives was to recruit from the voluntary sector 'user' groups that were working with the SWPwA or had been nominated by the SWPwA as being potential stakeholders.

Ethical approval and permissions

Ethical approvals were acquired from the Social Care Research Ethics Committee and scrutiny from the Association of Directors of Adults Social Services (ADASS) was also successfully sought. The timing and extent of negotiations with local authority research governance officers varied, taking as long as six months in some authorities. Delays in this were attributed to the reorganisation of these functions and in some authorities these responsibilities appeared to be being placed on staff already with high workloads or minimal experience in managing research governance processes.

Communication with Commissioners

The Evaluation team attended all Project Advisory Group meetings and SWPwA learning events. This proved a valuable way to keep abreast of developments. DH staff were not always able to attend these events but the Project Advisory Group was informed of the Evaluation's activities through monthly progress reports.

User and Carer involvement

The Social Care Workforce Research Unit has a standing User and Carer Advisory Group, which is consulted on all Unit work and has the opportunity to comment on studies' plans and progress. The DH agreed that this would be an appropriate means of engaging with users and carers who are not involved in SWPwA pilots. The study design, information documents and interview schedules, and approach were discussed with this Group and presentations made about emerging findings. At the end of the study two members of this Group offered to consider the full study report and we are grateful to them for their observations.

Engagement with the SWPwA pilots

The Evaluation team established and maintained on-going contact with identified local authority staff and SWPwA managers in order maintain strong relationships and facilitate data collection. One member of the research team has responsibility for communications, which provided continuity and, we trust, avoided potential confusion.

Attendance by the Evaluation team at the SWPwA learning events (which formally ended in mid-2013 although pilots arranged one subsequently) offered opportunities for SWPwA staff to ask questions of the team as well as the means of answering those questions and discussing next steps. Pilot staff identified a number of key questions for the Evaluation to explore. Staff were keen that the Evaluation should visit their workplaces and talk with staff. They appeared pleased that the Evaluation was not making multiple or sudden demands on their staff and that they would be informed of data collection timing. Those working in the SWPwAs and in the comparison sites also appeared positive about the

chance to win the prize draws for survey participants and all winners agreed that their names could be publicised.

Revised timetable

The Evaluation timetable (see Table 2.5) was revised due to the later than anticipated start-up dates of the pilots; these delays affected the selection of comparison sites, negotiations with potential sites, and consequently the circulating of the survey in comparison sites. Achieving permissions to undertake the survey in comparison sites was a lengthy process in some, even where management approval had been granted.

Table 2.5 Revised Evaluation Data Collection Timetable 2011 - 2013

Data Collection	Time
Time 1: Process interviews with local authority commissioners, project leaders, SWPwA staff and managers and other key stakeholders	November 2011 to July 2012
Time 1: Internet survey of practitioners and managers in host local authorities and SWPwAs pilot sites	July to November 2012
Time 1: Internet survey of practitioners and managers in comparison sites	December 2012 to March 2013
Time 2: Process interviews with local authority commissioners, project leaders, SWPwA staff and managers, other key stakeholders and service users/family carers	May to August 2013
Time 2: Internet survey of practitioners and managers in SWPwA pilot sites, host local authorities and comparison sites	July to October 2013

Summary

This Evaluation adopted a multi-method approach. Interview and survey data in 2011/12 were collected following the setting up of the pilots and this information gathering was repeated and augmented in 2013. All data were analysed to provide evidence about the very different pilots and their developments.

Chapter 3: FINDINGS – Setting up and meeting pilot plans

The findings in this chapter cover the establishment of the SWPwAs and the changes to the SWPwAs over the pilot period. The pace of change was particularly rapid or uneven for some SWPwAs during the latter part of 2013. At its extreme one SWPwA contract was foreclosed but almost as great a change was seen in the number of extra requests made of other SWPwAs by their commissioning local authority to take on further work – both extra case work but also different activities. As we describe below, sometimes this was a variation to contract – sometimes it was simply added on. The first part of this chapter explores perceptions of the value of the support and funding in establishing the SWPwAs. This is followed by accounts of progress against, and modifications to, project plans.

Use of DH start-up monies

Access to the £1 million provided by the DH to support implementation of the SWPwA pilots was considered to be vital to the establishment of the pilots. As one local authority commissioner noted: *'we would have found it a lot more difficult'* without the start-up monies. Another described how the pilot manager had used the monies: *'for the hidden costs of all of this the costs of actually establishing themselves independently have been quite high'*. These had included independent Human Resources (HR) advice, legal advice, training for the Board of directors, and other consultancy (Time 2).

The commissioner from another local authority and also a SWPwA manager noted the importance of this resource but also its limitations:

The council was committed to it, but it didn't want to commit too many resources we had to manage on the grant (start-up monies) and the small resources the council gave us. (SWPwA manager Time 2)

One SWPwA manager described using start-up monies to pay for Lottery bid-writing from an independent consultant. Other money had been allocated for mobile phones for staff and other small ongoing expenditure for the pilot. The commissioning local authority had retained some for IT, database and accountancy support for the pilot, but the SWPwA valued the opportunity to pace its own spending over the duration of the pilot period:

It's been fantastic. I have to say that, I don't know where we'd be . the council did take a chunk, but we've been left with an adequate amount of money. I think we've actually needed the time to use it. I think that if we'd had to spend it all in 12 months, I fear that we would have just gone out and bought things this year we would be thinking, I wish we had a bit more money It was the key to our success. Without that money, we wouldn't have been able to launch, I don't think. I didn't realise how much it cost to launch a team. Just things like, solicitors. (SWPwA manager Time 2)

Another pilot lead similarly described their spending of it as *'very elastic I use that very wisely It can't be about the stuff that actually would have normally been*

paid for anyway. It's anything slightly different that goes to the benefit of (pilot).
(SWPwA manager Time 2)

However, not all pilots had access to this money or were clear about how it could be spent, as one pilot lead explained:

The set up money, I'm not clear about, because we weren't involved. It was given to the local authority we think the set up money has been used to pay our salaries and then the local authority has put in set up with building, the IT systems. (SWPwA manager Time 2)

Despite not having access to this start-up money, the SWPwA had had to pay its own insurance, both as employers and as professionals (professional indemnity). One manager confessed that they had not been aware of this and, while there had not been a problem in getting insurance at the multi-million pound level needed, there had been some difficulties in explaining to the insurer what they were doing.

Another commissioner from another local authority who was also a SWPwA manager noted the importance of this resource but also its limitations:

The council was committed to it, but it didn't want to commit too many resources we had to manage on the grant (start-up monies) and the small resources the council gave us. (SWPwA manager Time 2)

The SWPwA lead felt that the 'economising' had placed excessive pressure on the SWPwA staff:

Maybe, we went too far the other way to prove that we weren't being given any special resources we were all buying our own kitchen equipment and changing the toilet seats, and all the rest of it, and cleaning we did everything. It was, in some ways, it was too much. (SWPwA manager Time 2)

External support for the SWPwAs

Comments about external support mainly related to access to support from consultants or researchers and commercial advice and the impact of central government support. There was unanimous agreement, from across pilots and hosts, of the benefit of coming together regularly at SCIE coordinated Shared Learning Events, as one local authority commissioner described:

It was useful to get together with the other pilots and to hear their experience. There was a lot of comfort in that, because a lot of the issues were of course exactly the same very helpful just to feel you were part of a national pilot.
(Local authority commissioner Time 2)

The pilot manager in the same site agreed: *'It was good to come together and get that support network and compare notes.'* (SWPwA manager Time 2)

However, one local authority commissioner felt the events had lost focus with the inclusion of the separate Pioneer Projects (see Chapter 1):

I think the Pioneers, whatever they were called, coming in slightly complicated

it as well. It was never clear what they were there to do That muddled things. (SWPwA manager Time 2)

Another local authority commissioner speculated that they could have requested greater input from SCIE, to address political opposition to the pilot within the local authority:

We could have asked maybe more from them. We didn't ask them to come and speak to some of those people (within the commissioning local authority) who were finding it all very difficult. We could have maybe used the support more than we did, actually to get (SCIE) to come and explain that (SWPwAs) was being supported by central government and that it was, it was a pilot. It wasn't—it was to learn lessons. It wasn't—it wasn't privatisation by the back door. (SWPwA manager Time 2)

The individual SCIE consultants were also praised for their support of pilots, and there was therefore some consternation that the Shared Learning Events and the wider contact and support from the SCIE consultants had terminated prior to the end of the pilots. Two host commissioners described their concern and dismay at this:

We've not had any more meetings for a long time and I particularly had - we had an issue I thought well, I will ring up and find out. We rang (X) at the DH. They said, '*I don't really know. I don't think it will be a problem*' There isn't somebody, you know what I mean? Who seems to be holding it now? (Local authority commissioner Time 2)

How crazy was that? It finished after they'd extended the pilots and it finished after a year the learning events stopped and the communication they (the pilots) were left to their own devices when perhaps it could have generated a lot more learning it did feel very abrupt. (Local authority commissioner Time 2)

In the absence of this coordinated shared learning, the pilots had organised their own learning event which was widely seen as a success, as one pilot manager described:

One of the pilots just organised one from last week, which was excellent . You haven't got anything else on the agenda except talking about different issues that crop up. I think that was really a good, everybody said, 'That was a really good day'. Lots of support and arrangements to meet up again. Lots of ideas floating around A lot that we can learn from each other. They are all working in a slightly different way. (SWPwA manager Time 2)

Some pilots were taking further steps to share learning:

I'm looking to go to see (other SWPwA) and take some staff up as well, take a couple of the social workers I think there are things that we can learn around not trying to do everything ourselves. (SWPwA manager Time 2)

The input from the University of Bristol, commissioned by SCIE to support learning in

relation to SWPwA pilots and pioneers was also praised by a couple of pilot leads, especially one who did not have access to local authority continuing professional development activities:

The support from Bristol was fantastic. It was really great to look at social work theory and to have the time to see what's happening now. We really enjoyed that as a team to bring that together and to talk about theories at team meetings and to bring life to that again. (SWPwA manager Time 2)

There was also praise for the support from the Cabinet Office Mutuals Support Programme from the leads of the two pilots who had made successful bids and received financial and other support from this at the later stage of the pilots, although this support was not available to the majority:

We applied for some support from the Mutuals Support Programme and we were successful. They are doing a business plan and looking at financial sustainability and governance as well and then their last piece of work will be around transition. (SWPwA manager Time 2)

Cabinet Office has been good and the grant we got. They were good and the consultants were good. (SWPwA manager Time 2)

There was mention of the lack of direct contact with DH throughout the pilot process, specifically criticism of the tight timeframes for establishing the pilots and the lack of advice about tendering:

I think the whole thing was set up very naively. The whole Department of Health timeframe was extraordinarily naïve. We started in April - by July you will all be up and running businesses. Well no, that was never going to happen. That was not the safest way of doing this. (Local authority manager Time 2)

They (SWPwA) have been through two sets of lawyers about the tender. They had more guidance from lawyers around service specifications and are having to work around this. They have had little advice from the Department of Health about tendering. (SWPwA consultant Time 2)

There was also concern that the SWPwAs had been set up on the promise of the success of the Children's SWP pilots, despite the independent evaluation of this not yet being completed and available, as one pilot lead expressed:

I think it was difficult because the children's social work practices report wasn't out. You didn't have anything to base on. There was a lot of mixed messages. The 'fact' they (the children's SWPs) were successful, in fact, was not true. (SWPwA manager Time 2)

Need for business development advice

When asked about what support was helpful in establishing the pilots, other examples given by managers were consultancy, business development advice and legal expertise. Many of these had been accessed locally and were not part of the

SWPwA support from DH or others:

The key was really having a business consultant a brilliant resource in terms of linking all of that up and pulling it together and making sense of it, and really providing that support and information for a while about nine months I felt overwhelmed: there was just so much to read and research and think about. (SWPwA manager Time 2)

A business development manager, right at the beginning it should have been a precondition I would have liked a lot more information how social enterprises are run to see a social enterprise business plan that would be helpful, I think. The brand is really important trying to work out what you've got and how to market it something on that would be helpful. (SWPwA manager Time 2)

One local authority commissioner expressed their concern that the feeling of a falling away of contact and support from central government (DH) may have undermined the success of the pilots, and felt that the strength of this support nationally was important for local success:

Initially, there was a good, a level of interaction between the Steering Group and the pilots . it feels like it will go the way of other things. It was a good idea and will just fizzle out, but with a lot more interest and impetus it could have—I think without that support it would be hard. (Time 2)

Progress against Project Plans

A key theme mentioned by those interviewed was the difficulty in keeping to the original project plans. There were many elements of the SWPwAs' work that did not go according to plan as instigated in the original contract or the overall policy vision but a key reason related to perceived performance management. Here the key change was the decision to foreclose one of the SWPwAs although there were concerns about another SWPwA (see below), and some anxiety in the SWPwA that started later that if it did not start in September 2013 then it probably never would: *'We were due to start in April 2013 but there were political problems and, although the support was there, was a risk that when we went to council with the proposal that they might have said, no, because they thought it might be costing money.'* (SWPwA consultant Time 2)

The decision made to foreclose was summarised as being performance related and also affected by severe local authority financial pressures and new priorities:

Things weren't going at a pace that was required It wasn't producing any savings and to be honest within that we've had our budget saving pressures come up obviously there is all these bigger agendas come up and (decision makers) have decided that at the end of the day we can't afford to extend it, because there is so many other models taking over now. I think the way we are heading, public health and joint working is going to be taking precedence. (Local authority commissioner Time 2)

In another instance, the pilot continued but modifications were made because a local authority commissioner had specific questions about the SWPwA's performance. These related to accumulating concerns about a backlog of cases, staff not being able to manage complex cases, and worries that members of staff were not receiving sufficient professional leadership or support. Modifications were made to the agreement with this SWPwA in an attempt to address these problems but subsequently a decision was made to discontinue the contract before its expiry. The commissioner considered: *'the SWP project was immature about quality assurance'* and later added:

The conclusions we came to were from information and reporting, and there was no obvious evidence of financial saving or improvements in outcomes. When all this was evident there was no alternative. A second area we have learned a lot on this data quality – about activity – we didn't really get what we needed were – about half of it. We did get lots about financial activity but that is not enough on its own, although the figures on client cases didn't always add up. (Local authority commissioner Time 2)

Caseload volume and mix

From the perspective of this specific SWPwA's social workers, the very early demands and unexpected high volume of complex cases never allowed for sufficient preparation:

I think it's been too short. I think the plug has been pulled too quickly. The biggest lesson to be learned, I think, is the planning of before we actually came here there should have been a lot more planning. I mean, we didn't have computers some of us. That is the biggest lesson to be learned is the planning and also, they weren't able to get away from (the local authority) for such a long time. And because of that, we've had such a limited time to try and work differently. It's all timescales and planning. I think, I really think that the pilot was too short. You haven't got the time that's needed to afford to make those changes or develop ideas, because you are so overwhelmed with the volume of work you've got. (Time 2)

In contrast, another SWPwA had started with few cases and few early demands which provided a welcome opportunity for preparation:

The first few months were good in a way, because we started with a blank sheet. The workers didn't come with a big caseload and it meant that we could get running up and very quickly we got the peer support group set up. We had some interested service users. That was good. And we just had enough in the grant to pay for a worker for training all the volunteers and X set policies and procedures in place. X did an excellent job. (Local authority commissioner Time 2)

Having time to plan

For other local authorities the need to have had more time to plan was recognised with hindsight, even among the very small SWPwAs:

What was such a learning experience was how little we knew. So everything was new. So even just a year later, if we had to do it again, I think we'd have a much clearer project plan and we'd understand what that project plan actually meant. (Local authority commissioner Time 2)

In the very large SWPwA, emerging from a Care Trust, the matter of taking time was considered important and this is what they chose to do, formally 'going live' two years after the other SWPwAs. While other SWPwAs had worked within the DH timetable, this organisation managed to take far longer, possibly by making it clear that it did not need to be a SWPwA, and did not really need the status, funding, advice or legal permissions of a SWPwA, owing to its unique organisational position. The view was expressed that the managers felt that the SWPwA pilot needed them more than they needed it as there had not been many expressions of interest that had translated into actual pilots (see Chapter 1). With the benefits of hindsight a senior manager in this site said they would advise others to take time and to invest in communications, especially with staff. They advised people to think about leadership and to take opportunities. Their experience of working within the SWPwA framework had been that new organisations should not '*set their price too high*'. And they noted that there had been matters over which they had needed to negotiate and compromise over, such as, for example, in their case, the 'ownership' of the finances. In their view external support and having an independent consultant were particularly helpful, because these provided a different view that was sometimes more objective than those within the organisation and its commissioner.

One illustration of the time needed for preparation came from one pilot where the contract never seemed to arrive:

Well, (it's been) eighteen months. The legal department promises every week it will come and it never appears. (SWPwA manager Time 2)

Learning to say 'no'

Finally, there were reflections that as time passed the SWPwAs were learning not to take on everything and anything. Most of the SWPwA managers felt that they had been '*made an offer*' of taking on work that they could not refuse. At times this was an extension to their activities but in some cases it was a different type of activity, for example, one SWPwA was asked to quickly review all out of area local authority placements of people with learning disabilities as a response to the Winterbourne View hospital inquiry. Despite having taken on one area of work that was not germane to its core work, another SWPwA manager commented that they were beginning to learn to sometimes say no:

I think there are things that we can learn around not trying to do everything ourselves. I think that's been quite difficult for the staff sometimes to actually

refer people on it's sometimes quite difficult for us not to think that we *could* do everything and we *should* do everything. I don't think we've got the resources to cope with the demand in years to come. Our demand is increasing all the time... That was one of our objectives, was to raise our profile, which then raises the profile of people with (specific condition). The more people that hear of us the more referrals we get, which is great, which is what we want - to reach those people we didn't reach before. (SWPwA manager Time 2)

Deviations and modifications

In addition to comments about timescales, performance, and funding, there were other reasons why deviations and modifications to project plans were needed. Some of these related to delays that were associated with new processes of procurement; others to the setting up and agreement over contracts. Beyond these initial problems, there were other modifications to the contracts. Factors contributing to different changes and modifications varied across pilots. For example, changes related to increases in workload can be attributed to different pressures (as noted above), including a perception of pilots' own impact; for example, some participants described as SWPwA becoming a '*victim of its own success*' while in others there was seen to be extra capacity. In one SWPwA offering a quasi-case management service for a specific client group, it emerged from their work and presence in the area that the numbers with this condition had been severely under-estimated by the NHS and local authority but this increase did not translate into extra resources or a change to the contract.

Impact of local authority budget reductions and work backlogs

In other SWPwAs the local authorities were experiencing budget reductions and increased the amount of work that the SWPwA was being asked to do. This was the given reason for a very large change to the SWPwA's role in one site. As noted above, another site the SWPwA had been asked to take on reviews of one client group to help diminish a local authority back log of work where there was a sudden imperative for it to be addressed. This had been done well according to the commissioner and saved the local authority the expense and work of taking on temporary/agency workers to do the task, as would have been their usual practice (see Cornes et al, 2013). The flexibility of the SWPwAs was generally seen as an advantage by the commissioners, although some SWPwAs felt that they then faced different or new demands and could not develop a coherent business plan. While these extra demands increased SWPwA workload and there was some concern that they could not be infinitely 'flexible', they were viewed as a positive sign that the SWPwAs were appreciated by local authorities for taking on more than was originally agreed, as this manager observed:

I know that we have been performing really well. We've been performing beyond the service spec (specification). Each month we've been seeing more

people than they expected to see. Doing more reviews. (SWPwA manager Time 2)

Commissioning challenges

The challenges encountered in commissioning a SWPwA were different from running one or working in one. For commissioners some of these were attributed to the rapid commissioning of the SWPwAs, necessary to meet the DH requirements and timescale of the Regulatory changes (see Chapter 1). This placed pressure on the local authorities to respond to the invitation and then to start the commissioning. The commissioners generally agreed that this would have been easier if there had been more time but also more guidance from the DH. Two commissioners articulated a set of reflections about what they would have done differently with the benefit of hindsight. Since this was a long list we have separated the points but use the managers' own words to describe the challenges that emerged and how they might have altered their project planning with the benefit of hindsight:

- 1) I think what we should have done, to be honest, was a very small model approach and just take on independent social workers and not made it as contractual. What we had was a big contractual document which wasn't really holding them (SWPwA) to specific outcomes on monitoring. It sort of has gone in that, in a flowery, fussy direction. If it had been monitored on a smaller level then we could have seen more reporting back and have that one to one interaction thing, and things moving out at a better level. If (only) we'd started small, with a smaller identified caseload and just new assessments. What we did, we gave them new assessments, safeguarding reviews. We gave them everything. Shunted it all out.
- 2) I wanted to see monetary (information) and what we got out of it and also outcomes what we got out of it. The outcomes, we've had some good news stories and we've done some quality checking on them. But it was unfair to have an expectation of a pilot when we hadn't got an expectation internally. There was no obvious evidence of financial saving or improvements in outcomes.
- 3) Through no fault of the social workers, I think some of that responsibility (for managing performance) should have been the SWPwA organisation's. It had not expected the complexity of cases.
- 4) I worried about lack of strategic responsibility at the SWPwA at a high level. There were high numbers of unallocated cases, especially reviews and this was getting unmanageable.
- 5) When we went for the pilot there was a different council in place (than subsequently). It is very unfortunate, because the whole landscape changed politically.
- 6) It was a wakeup call about managing expectations and performance about strategic work. As commissioners and as providers we all have to be crystal clear

about quality, numbers, staffing, and arrangements like Emergency Duty Team (EDT) work, reporting, budget management.

- 7) We had commissioned the SWPwA to create and develop community resources – this seemed the first to go (i.e. not get done) – maybe there was some misunderstanding of what could have been available.
- 8) More positively, we have learned a lot about how to get a robust, disciplined approach to project management with such work. This included appointing a project manager early in such an initiative and keeping them on to manage the process. (Local authority senior manager Time 2)

Leadership and champions

Another commissioner faced opposition in deciding to bid for the pilot status and described how these were only overcome with the support of one influential senior manager who was determined to have a SWPwA in that authority. Once these were overcome and the pilot was accepted, there then emerged a series of obstacles concerning '*boundary*' issues and access to local authority data, systems, and equipment. Despite the vocal support of the senior manager, this commissioner recalled:

it wasn't clear who could make the decisions and so it would go round and round asking different people and different people would say, yes, but we have to speak to so and so. So it did seem like a huge battle. But there was also this underlying safety net, in a way that it just had to happen, because (senior manager) said it was going to happen and this was a national pilot. (SWPwA lead) was amazing how they kept positive, kept smiling, stood their ground, because it must have been incredibly difficult for them, because there was a lot of animosity, it had pretty much been kept a little bit of a secret from the unions, because of the fear of them causing a lot of ructions. But some of those managers who knew it was being kept a secret they also felt a bit resentful of it all, the biggest headache was that whole procurement process, which didn't happen with (this) SWPwA. There wasn't a tendering process or anything. But it still needed, you know, what seemed to me a very long process... It seemed just really difficult, very, very, very difficult... It seemed to go on for months (Local authority commissioner Time 2)

This importance of political influence to manage and resolve major challenges was highlighted in other SWPwAs. The champion of the process in another area was described as an individual exuding confidence and capability:

(X) maintained connections with the right people (such as local authority councillors). Above all, X had credibility. (Project consultant Time 2)

This theme of leadership as being the way to overcome challenges was common among different participants. Some of the SWPwAs recognised the importance of the commissioning lead within the local authority as being the lynchpin of the innovation.

As noted above, sometimes this was dependent on one powerful individual, in others there was support from a wider group:

We have had very senior people right to the top of the council come to see us. They have all supported us. (SWPwA manager Time 2)

Once operating as SWPwAs then other challenges emerged most notably for their managers. Being a manager was not a new role for any of them but this was different:

The most challenging bit, I think, it's obviously the things that you haven't had already, so in terms of like the directorship, that's been learning all those skills and still trying to find out where your skills gaps are, so that you can make sure you know these particular things to make sure that you are making the right decisions. Perhaps in terms of finances and knowing how to manage budgets and how to manage the money that you've got and having appreciation of tax and all these other sort of things that I've never experienced before. It's making sure that you know about these things, because at the end of the day you are responsible for the finances. Whereas that would have been a separate department within the council, you would have finance or contracts division or you would have a separate HR division—within a massive organisation, you are not connected to any of that, really. But because it's smaller and you can see the whole thing, can't you, the whole picture (SWPwA manager Time 2)

Barriers to change

Not all staff shared this sense of empowerment and optimism. There were some examples of feeling that the promise of new freedoms was not being realised, that this was a lonely job, and expressions of frustration were voiced. Some of these comments were expressed more candidly in interviews than were encountered in more public settings:

We can't do things that differently, because we are still so stuck to what they are saying. So, actually, a lot of the stuff that we could have changed to try and free up our time, we haven't been able to. It felt like so much was expected of us. We were expected to completely change the service, which is hard enough to do when you've got a fully staffed team on the job. Let alone when you were half staffed. At the time I was the only social worker. (SWPwA social worker Time 2)

Summary

In this chapter we have reported findings from interviews with senior staff within the SWPwAs and the commissioners about the starting up of the SWPwAs. Difficulties related to the timescale were reported, and greater attention to the detail of matters captured in the contract was advised. Facilitators included senior support, access to resources and the ability to start slowly.

Chapter 4: FINDINGS – Running SWPwAs: governance and management and whether social work led

The findings in this chapter report reflections on the establishment of the SWPwAs' governance and management arrangements. It also considers the extent to which different SWPwAs were social worker led, as originally anticipated.

SWPwA structures

The pilots had a range of governance arrangements and support systems. In legal terms five moved to Community Interest Company (CIC) status over the course of the Evaluation. One was a registered company wholly owned by the local authority which was planning to become a CIC (December 2013). Another was part of a registered charity, already employing over 150 members of staff and running a range of services in the commissioning local authority and others.

The CIC status, regulated by Companies House, relates to new type of limited company introduced in 2005 under the Companies (Audit, Investigations and Community Enterprise) Act 2004. These are run by a Board of Directors, by which the managers were appointed (not in all as the managers were in place prior to CIC status). In some sites Board membership included elected but mainly nominated staff representatives. The CIC status identified the organisations as social enterprises in which profits can be made and distributed according to the terms of the CIC arrangements.

Many of the local authorities had engaged consultants to assist with organisational set-up and one continued with this assistance, although others were given information from SCIE and other sources. One was proactive in seeking advice from local commercial support organisations.

Variation in governance arrangements

The variations in the governance arrangements between different SWPwAs had implications for the accountability of different SWPwAs and also highlighted the risks where governance arrangements might be insufficiently robust or where there might be management failures. One consultant described the extensive process of establishing the governance arrangements of the SWPwA, including substantial legal input, which provides some indication of the many layers of governance and decision making *fora* before such a body can operate:

The Board of Governors met in shadow form and they have appointed an independent chair person who is a non-executive. The Board meetings are monthly and they are held in private. The staff have had elections and have got five places on the Board. At the moment, they are in shadow form and need time for staff to get experience of Board roles and corporate roles. There is a vacancy at the moment, but there is no rush to fill this. The Clinical Commissioning Group and the local authority are supporting this. Eventually there will be user and carer representatives and they will go to elections for

these in due course The final articles of association have been drawn up after a lot of input from lawyers and they have been trying to work on issues such as quoracy - it's interesting to see how to get that right. In terms of the Employee Members' Forum, that's been set up, but the lawyers have had to decide whether people are automatically members of this and whether they opt in or can opt out. They have not quite worked out the membership of this. They are taking things in stages and they are looking to see what's in the articles and they will have to have an AGM. They have been registered with Companies House. (SWPwA Consultant Time 2)

Here, of a Board of 15 members, five were staff members, one a carer, one a service user and one a community representative. Others were from the CCG or had other interests.

In another SWPwA the manager had also received help from a consultant and from a legal firm about organisational matters, the costs of which had been met by the Cabinet Office:

I think that (being a CIC) will work and we've done a lot of research into the different type of company that we wanted to be. We've asked for legal advice and we spoke to a solicitor and got his thoughts on that. And also we've got X (legal firm that Cabinet Office pays for) helping us at the moment. And they are going to go over again just to make sure that the decision that we've made is going to be the right decision. We've put lots of things in place to make sure that we are choosing the right form. (SWPwA manager Time 2)

In contrast, a SWPwA that had been slow to establish a Board for the SWPwA had caused great concern among the local authority commissioners:

They are accountable only to their Board. There is only accountability on the dotted line to us (the LA) with commissioning, obviously there has been some real concerns about them delivering on what they have been commissioned to do I kept asking about accountability within (SWPwA), because I kept saying 'You are not accountable to me. You are accountable to your (LA) commissioners and to your Board.' It wasn't until probably late 2012 that I found out there were only two people on the Board. It had no chair person. Now, partly I wanted to kick myself for being so gullible and stupid. But I was also very cross, because actually what it meant was, the reasons why some of this is not happening, is because there is no Board for them to report to and for them to be accountable to. I said, this needs to be addressed immediately and it has been. (Local authority commissioner Time 2)

In this site the commissioner expressed much greater confidence when the new chair of the Board was eventually appointed since they saw the chair as an experienced person who had been the chairperson of many other Boards, both in commerce and in the charitable sector. The local authority commissioner felt that the new chair '*knew what they were talking about*' and appreciated the experience of the other people appointed to the Board who came from similar backgrounds. In another

SWPwA the new chair of the SWPwA was instead from a local authority background and was well known in the area and to the senior managers. Here the late start and 'handover' of roles had enabled this large SWPwA to advertise for the manager/Director post. Staff and users had been invited to attend the interviews but the appointment decision was the shadow Board's.

Membership of Boards

The variation in governance structures was mirrored in terms of who was represented on Boards and their role as representatives or otherwise. As noted above, as the SWPwAs developed, new people emerged, in particular the chairs and non-executive directors of the CIC Boards. These were not staff and appeared to more closely resemble Trustees of voluntary sector groups with business or other relevant experience. Further research would be needed to ascertain their understanding of SWPwAs and whether holding such a position in a CIC is different from one in a commercial company or a voluntary group. In some SWPwAs the Board was taking major decisions rather than the staff team:

Over the last year, we recruited three non-executive directors. We've got two executive directors and myself, so there is three on each side. I took a lot of time to get that off the ground – it's still new; we are still exploring how we are going to work together. The non-executive directors have got very good skills and so on. We have already had support in the process where we interviewed the business development manager. One of them is a psychologist or something like that. The board meets every two months now. It used to be three months, but now it's two months. (SWPwA manager Time 2)

User and staff representation on boards

However, this emphasis on business skills had implications for the extent to which these Boards also drew on the skills of staff and service users. In one small pilot the governance structure was viewed as a positive source of peer and business support for the SWPwA manager, but service user and community input had not been prioritised:

The advisory committee meets probably every two to three months, and it works really well. It's actually been great to have, I suppose, (host commissioner) in terms of, you know, is there any more business in the council? How can we pursue this? Also to have other people's input and to have a bigger picture in terms of business development. (No service user or community perspectives) at this point. That is something we are looking at, the membership, as soon as we—we are looking at the membership, especially for (funder that would require this), if we get it. (SWPwA manager Time 2)

Exceptionally, there was far more user involvement in one SWPwA than the others. Here the local authority commissioner felt the service user presence and influence within the governance process were some of the main successes of this SWPwA:

I think it's about giving them the freedom to think differently and to actually be accountable - and this is critical - to be accountable to those service users and carers who are on the Board, and actually to feel they are not just doing 'to' people, but they are working alongside people. In the council that is not possible, honestly. I never thought I'd say this, but it's a very bureaucratic organisation. It's large. If you are sat there at one of these (SWPwA) Advisory Group meetings you've got a service user sat there who is informed and whose been supported to speak. It's very powerful, because it helps them realise that, actually, you know, they are not working for an organisation that's separate from the rest of the world. They are actually working for those people who are paying the council tax in the first place, but also who were actually on the Board. I think that that is fundamentally the main difference (Local authority commissioner Time 2)

The extent to which staff were represented on Boards appeared to be largely dependent on the 'rules' or constitution of the CIC as affecting the ways in which the staff could be involved, as one SWPwA manager explained:

The CIC when it was started we just had a sort of basic model rules. What the idea and the intention here is that the workers will be the shareholders. That formally has still got to be put into place. But that is the idea. And, obviously, because a lot of the workers are seconded, there are all sorts of issues and it's a bit like on the Board we have like 'observers'. But (SWPwA manager) represents the workers on the board. We have a service user on the Board. You can tailor make bits of your constitution. We've tailor made four categories that go on the Board the Advisory Group is made up of service users, staff and whatever. We've tried to make it as grass roots and accountable as we can to community, to the service users, to the staff. But there are still some, I don't know, technical constitutional things that still need to be finalised. (SWPwA manager Time 2)

For those social workers who were members of their SWPwA Board the situation looked slightly different. One was confident, for example, that the model would be successful but was looking to strengthen the social work leadership of the Board. In one interview this social worker outlined their role:

In respect of the Social Work Practice pilot, (V) is a member of the Board as a staff governor, one of five. V went through a process of election but is accountable to the Board itself. V said she had been told that she personally would never be financially liable for the organisation. There is also a Members' Forum which has asked for matters such as training and development to go on the Board's agenda. V had the opportunity to get involved in choosing the new managing director, but couldn't go. V hopes that the strong members' voice will continue, that the same lines of communication will be there and is confident about this. The Board works well and they don't have to be so accountable to others. (SWPwA social worker Time 2)

Staff involvement in governance

As the section above illustrates, staff members might be involved in governance in several possible ways. Setting up structures for this could take time. Not every social worker felt that there were opportunities for them to be involved:

There is a committee, yes. But, I just want to be a part of it, but I think I was told because of my experience—I think you had to have a certain amount of experience, I didn't meet that, so I wasn't able to join. (Manager) offered feedback about the meetings I guess they are talking about any kind of (SWPwA) issues and I know who is on the Board...I think there is one (service user on the board) I know that that was what was discussed and I think that's what needs to happen. (SWPwA social worker Time 2)

In two other pilots frontline social workers did not appear to be involved in the organisational governance and knew little of what was happening, as this social worker outlined:

But in terms of the governance, we've got real shareholders. Erm, we've got the non-executive directors who have been involved in the interviewing. We've all met them if they have been involved in that. But I don't know how much what they said affects us. But that might be because it's kind of still fairly new and all being set up. I know that the executive directors of (SWPwA) have their regular meetings with non-executive directors. I don't really know what goes on in those I guess there hasn't really been a situation which has made that massively obvious that that's what they are doing. I don't know how much what is discussed in those meetings I don't know if we are meant to be or not I think that's why I'm not as aware of what goes on at that level within the company at that level and above that I don't know as much, because I'm not directly involved in those meetings. (SWPwA social worker Time 2)

Other social workers described feeling at some distance from governance arrangements and thinking:

There was a shadow board at (SWPwA) and they have met twice...I was hoping that maybe in the first three months would meet and they would outline what they want us to do and give us a vision for the two years. Where are we starting from? What are we trying to achieve? (SWPwA social worker Time 2)

The local authority commissioner had also noticed this sense of growing distance between the board and the staff and made efforts to bridge this gap:

Yes, it's been the shadow board I'm just giving them the encouragement and saying, 'This is where we need to be', because I could see at some points it was lacking it was quite clear that they (pilot social workers) felt isolated. They felt very isolated. (Local authority commissioner Time 2)

Employment arrangements

The variation in the extent to which staff members were involved in governance arrangements for SWPwAs was also apparent in their terms and conditions of employment. As Chapter 1 outlined, the members of staff's employment was not necessarily by the CIC, many were seconded and remained local authority employees. In two CICs the social workers and other staff were self-employed (with the exception of one local authority seconded social worker) and agreed their own remuneration, terms and conditions.

In a smaller SWPwA there was a sense that the CIC structure enabled flexibility of operations, for instance, salaries were paid according to the level of business in one of the SWPwAs where the staff were not seconded; however some of these staff had other income from pensions which made their wage differentials less significant:

Well, we are (a CIC) we are paid wages and basically we've taken a reduction in what we would have had from the local authority pay to cover this. The community interest is that we don't make a profit. (SWPwA manager Time 1)

In the other SWPwA that did not have seconded staff (keeping their local authority conditions and pay) the social workers were paid what are called 'agency rates', that is payment at a higher level than the local authority as they had decided to work on a self-employed basis and invoiced the SWPwA for their payments.

Implications of variations in governance arrangements

Such examples illustrate the limited options for the local authority once it has relinquished or transferred power. In a different SWPwA, as outlined above, the only option appeared to be foreclosing on the contract when levels of concern about the management of the SWPwA seemed to be becoming too high. In the event, this had not occurred, but the level of relief in the commissioner when a chairperson was appointed to the Board was almost palpable:

I can't do anything about that, because the governance structure of this is that you have the company, the shareholders, which are all the staff They are accountable to the non-executives and the chairperson, ultimately. I think that is now more robust than it ever has been. It happened too late. (Local authority commissioner Time 2)

Staff involvement in management

We continue by reporting how staff viewed decision-making within their organisation, first by looking at decision-making structures not covered above, then exploring staff involvement in professional and financial decision-making.

In one SWPwA a staff advisory group was meeting bi-monthly and included all staff. Staff members had been involved in decisions around the 'brand', e.g. website, logo, colour and design. This group had discussed raising funds and increasing revenue beyond their contract with the host local authority. They acknowledged their limited

business planning skills but they were wanting to work on this subject. The Board was meeting every fortnight and consisted of two staff who were managerially and legally responsible for the SWPwA as members of the Board.

All larger SWPwAs developed a variety of structures and temporary processes to involve frontline staff in decision-making, including:

- A Strategic Partnership Board, made up of the majority of SWPwA team who are founding partners (in CIC terms the Board of Directors of the Company)
- Staff representatives on developmental working parties or developing the '*mission statement*' (in CIC terms it was unclear if this was a delegated function from the Board or part of general work processes)
- Social workers leading or 'championing' particular areas of work, e.g. with relationships with education or health services, including representing the SWPwA at local authority committee level (a traditional way of working in any sector).

Staff members agreed that some decisions could be taken more quickly where there was a flatter management structure as offered by their SWPwA, essentially meaning that the manager was easy to access by frontline workers, being generally co-located. For example, speed of decision making was reported by the SWPwAs that had taken a lease for new premises, had employed new staff, or purchased equipment. Rules and procedures were thought amenable to change at some future date to fit the nature of the work and the size of the team. This contrasted with the local authority's processes, which were perceived to be cumbersome at times. In smaller pilots there were reports of more general informal staff discussions as well as more formal team meetings as being influential.

Social work led?

As mentioned in the Introduction, an important policy intention behind the establishment of SWPwAs was that they should be 'social work led'. Understandings of this phrase varied considerably. For some, the phrase was interpreted as meaning that the DH required a majority of social workers on the SWPwA Board. Among some SWPwAs where other professionals were working as part of the staff group this was seen as '*curious*' and great care had to be taken not to de-motivate other professionals. One participant recalled that the original Children's SWP concept had been to align '*social work led*' with other professional business models, such as GP practices and legal practices, but that this ambition seemed to have dissipated (see McGregor 2012).

However, the meaning of the term '*social work led*' applied to only part of the business of some successful SWPwA applicants. The Board of one organisation was not social work led, although it had been awarded the SWPwA contract, indeed the local authority commissioner leading the development had never met and did not know who the trustees of the organisation were. Greater interest among the local authorities on commissioning social work services lay in terms of delegation of their

legal functions and how this could be done. How would any new organisation manage a conflict of interest, for example? Could the social workers in a new organisational setting be as '*hard-nosed*' as one local authority put it, as those in a local authority? Would the SWPwAs bring a '*fresh pair of eyes*'? Some developments, such as the potential for payment by results, were considered '*too early*' to consider but were not dismissed for some possible future.

From the frontline perspective, the idea of being social work led was not always evident. One social worker in a SWPwA said:

We've looked on the SCIE (website) idea of the SWPs. It (says) it is social worker led. When you read that and you see how it is, there is no clarity there. It (SWPwA) hadn't been 'social worker led' up to the start of the project. (SWPwA social worker Time 2)

Similarly, the notion of social workers being a majority of a board did not sit so easily with the smaller SWPwAs where there could be no distinction between the 'board' and the 'staff'. One social worker thought that being 'social work led':

...means different things to different people, because we are not all social work qualified... To me it's not about having a social work qualification. It's about upholding the social work values and ethics, and making sure those are implemented and upheld...I think that by saying that it is social work led you run the risk of excluding people and alienating people, because the large majority of our workforce aren't social work qualified. (SWPwA manager Time 2)

Another manager (social work qualified) thought that some of the social workers were feeling '*a little bit under threat*' as it was hard to distinguish between what qualified and unqualified workers were doing and asked:

What do professional social workers do different to other members of the organisation? I think it's really interesting. (SWPwA manager Time 2)

This questioning was expressed by more senior than junior staff and one senior manager in a host local authority thought that the SWPwA in their area would require social workers to be much more explicit about their contributions. They suggested that the SWPwA was giving social work higher visibility and scrutiny, and that it presented a welcome opportunity for the profession to articulate what it did and to resolve some of the confusion between social work and social care:

It (social work) has not got a level of predictable survival in local authorities in my personal view. It's being '*dumbed down*', and it's being raided. (Senior manager – commissioning local authority)

One local authority commissioner was frustrated at the requirement that the SWPwA manager be social work qualified, and felt this had been a tokenistic interpretation of the concept of 'social work led' because it had not reflected the leadership needs of their pilot:

I have a question about being social work run. I don't know why that is. I think that maybe needs to change. You are going to be very lucky to find a social worker who has got the business acumen in sufficient spades. You need someone who has got a business head. Social workers will do the social worker bit. You need to have it managed successfully. Completely different skill set. Whilst there will be some people out there have both, they are few and far between. Put a red line through that requirement, because it isn't helpful. (Local authority commissioner Time 2)

Implications for activities undertaken by SWPwAs

As noted in Chapter 1 reporting the background to the SWPwAs, some parts of the wider social work profession were at times keen to claim SWPwA as part of the 'business case for social work', as being developed by The College of Social Work. In practice, this was not so evident and some SWPwAs were not so bound by this idea of professional leadership. Indeed, as some of the evidence suggests, social work skills might not have been the most appropriate for some tasks undertaken by the SWPwAs, such as advice on welfare benefits.

We illustrate this in an extreme way by drawing on the observation of one Community Surgery at a local authority run day service for people with mental health problems. Undertaking such Community Surgeries was part of their contract with the local authority and a number needed to be done each month. A member of staff from the SWPwA visited this centre with a member of staff from a benefits advice agency (here referred to as Z), by arrangement, and talked to some of its users, in the presence of the centre manager. The agenda for the Surgery was explained by the SWPwA social worker to the centre attendees:

- Services available in the community
- Council tax
- Changes in welfare benefits
- Any questions (see Box 2).

Box 2: Extract from observation notes taken contemporaneously at a Community Surgery

There were 12 service users at the centre (six male and six female). The centre manager asked the centre users to sit in the lounge and participate in the meeting because it could be beneficial to them. However, a man who was eating told the centre manager that he had his own Social Worker and therefore did not need this meeting. The centre manager encouraged him to still sit in the meeting, in a circle, but he refused. He stayed in the room but outside the group.

The Senior Social Worker (SSW) (SWPwA) made the introductions and explained to the centre users that they would speak briefly about services available locally because they had been to the centre before. SSW explained that

he/she would then handover to Z (not a SWPwA employee but working for a benefits advice agency) who would talk about the new welfare benefits and then take questions from the group or in private.

The SSW took several leaflets from a bag and began talking about services available in the community.

Free benefit check service

The SSW explained that this was a welfare rights service and that the main aim is to maximise one's benefits. This is the service that Z works with. SSW told the centre users that they had the telephone number and that if anyone wants to contact this service directly they could do so.

No response from the centre users.

A mental health day centre

The SSW explained that this is another mental health day centre that provides advocacy courses and computer courses; arts and crafts. SSW explained that if anyone was interested they could turn up or give them a call. It runs from Mondays to Fridays.

No response from the centre users.

Anti-social behaviour

The SSW explained that they had some information on anti-social behavior so if anybody was experiencing antisocial behaviour in their neighborhood; these were the people to contact.

Centre User 1 asked the SSW if Anti-Social Behaviour means when someone doesn't behave themselves or someone who doesn't listen.

The SSW said yes. The SSW explained that this team could be contacted if there was a problem within your neighborhood regarding antisocial behaviour.

Housing

The SSW explained that they had some information on housing. No explanation given.

No response from the centre users.

Domestic violence services

The SSW told the centre users that they had some information on domestic violence if anyone was experiencing domestic violence. The service is offered by a voluntary organisation (locally). SSW said that there was a telephone number on the leaflet so if anyone was experiencing any domestic violence this was the number to call. SSW explained that this was a really good 24 hours service.

No response from the centre users.

Carers support services

The SSW told the centre users that they had some information on carers and support services, including ways to arrange a break. SSW explained that this support service could be beneficial to anyone who is a carer. SSW added that the centre users may be familiar with some of the leaflets from previous surgeries at the centre.

No response from the centre users.

Free Health Checks.

The SSW said that they had leaflets regarding free health checks. SSW explained that the leaflets would explain where you could go to get a 'free MOT'. You could just drop in and they would do a full health check. SSW said that this service is available at most GP surgeries. No appointments were needed. These free health checks were for people between the age of 40 and 74.

No response from the centre users.

Unwanted telephone sales calls

The SSW worker explained that they had information regarding unwanted sales calls, for example people who are selling PPI (Payment Protection Insurance). The SSW worker explained that they brought it in because someone had previously asked about this service.

No response from the centre users.

Repair services for older people

The SSW said they had information regarding repair services within the area. This service was for older people over 55. She told the centre users that if anybody had repairs which need doing they could call the number and they could advise on who can help. No explanation was given as to the type of repair service on offer.

No comments from the centre users

Transport schemes – DLA

The SSW explained that they had information on Blue Badge application for people who are on DLA (mobility component of a welfare benefit which is the highest component). No explanation given about what Blue Badge or DLA (Disability Living Allowance) meant.

No comment from the centre users.

Taxi card

The SSW said that they had application forms for Taxi Cards. They explained that people who are in receipt of DLA could apply for a Taxi Card.

Centre user 1 asked the SSW, "You know if you live in your house, you have to pay your rent isn't it? Or you can get chucked out?"

The SSW said yes, but you can get help with your rent.

Information on mental health crisis

The SSW said they had information on the area's mental health crisis services. No explanation given about the service.

No response from the centre users.

Safeguarding adults

The SSW said that they had information on safeguarding adults. They explained that the local authority was promoting safeguarding adults from abuse, which they had talked about at length during a previous Surgery. No explanation was given about the topic and what it meant.

No response from the centre users.

Libraries

The SSW said that they had information regarding Libraries in the area.

Centre user 2 asked the SSW if they were talking about Disability Living Allowance (DLA). The SSW said that Z would be talking about DLA shortly.

Mobile libraries

The SSW explained that if people are not able to get to the library for whatever reason, they could contact the mobile library service.

No response from the centre users.

The SSW handed over to Z to inform the centre users about the changes in the benefit system.

This account raises, of course, the question of why 'expensive' social workers were being used in this way when such activity might have been ably done by a non-qualified worker or a volunteer. More wisely perhaps, other social workers signposted such questions to other experts (sometimes also local authority funded). However, beyond assessment and care management few of the pilots developed new and innovative kinds of social work intervention such as those which might draw on their therapeutic or counselling skills. Very often the tendency was for the pilots to stray across into other agencies' territories, such as giving leaflets about benefits or offering low level housing related support. In the example above the centre attendees were not 'hard to reach' or engage and many had their own key worker or even social worker. The social worker did not ask if centre attendees could read and the leaflets were highly general in tone and content (for example, in offering a leaflet about a service for people who were not able to leave their homes). Overall this may reflect the contract agreement and duplication of commissioning. Benefit maximisation received substantial investment in this site and the local authority did not appear to have indicated in its contract with the SWPwA that there should be

more precision in its community outreach and avoidance of duplication or 'straying' into other areas. Some of the other Surgeries observed may have benefitted from input from a registered financial adviser since they were directed at people with capital assets and the social workers were only able to signpost people with enquiries to other sources.

Summary

In this chapter we have reported findings from interviews with senior staff within the SWPwAs and the commissioners. We have also reported more junior staff's perspectives and data from observations of aspects of practice that were not possible to explore in interviews. There was some indication of a flatter hierarchy but the role of managers also involved dealing with the contract and performance issues set by the local authority. The notion of being social work led was unclear and became interpreted in different ways locally.

Chapter 5: FINDINGS – SWPwAs: efficiency, innovative practice, financial decision making

Findings presented in this chapter explore the distinctiveness of the SWPwAs: their scope for reducing bureaucracy, for innovations in practice and around financial decision making. As noted above, the variation in the pilots and then major changes within some made it difficult to judge overall effectiveness, as measures or outcomes were not standard and ambitions were modified during the course of the pilots.

Efficiency and bureaucracy

In this section we report interview findings on whether the SWPwA model appeared to increase efficiency, as had been hoped when social work practices were first proposed (Le Grand, 2007). It will probably come as no surprise that this was hard to judge. There are indications from the data of ways in which some 'efficiencies' or savings were occurring but attributing them to the SWPwA model was not easy to do. In some areas there did not appear to be efficiencies – the reasons for this were multiple, as we explain below. Generally they were associated with the decisions of commissioners not to provide (delegate) full or even part of their social care budgets to the SWPwAs as these delegations were hard to estimate, especially at a time of local authority reductions in expenditure - but this was not the only explanation.

Investment in financial infrastructures

In many ways the temporary nature of a pilot did not enable either the local authority or the business model of the SWPwA to be developed sufficiently across a long enough period to make building new financial processes worthwhile. Further, in one SWPwA the local authority lacked confidence in the SWPwA's ability to develop such a business model:

There was the restrictions on the systems, but then I did say to them, I offered them and said, 'do you know, if you need a management system tell me', but they said, 'your systems aren't compatible with ours'. I said, 'well, tell me what platform you are on and I can arrange something'. But that was never forthcoming. So, I think and it's on how much funding they were willing to spend on making a robust management system. If it's only for the two years then are they going to invest allowance in something that isn't going to go any further? And really I think that's a decision they make that it wasn't worth their while to keep it investing or put in separate funding to have a set up system that they could manage. But even manual figures or something basic as a spread sheet would have been good. (Local authority commissioner Time 2)

Delegation of financial authority

In practice, few SWPwAs assumed budgetary responsibilities for elements of social care funding and SWPwAs were '*managing the money*' in different ways, often connected with the extent and how that 'money' was delegated to them to spend. One was in discussions with the local authority about taking over the care

management (including personal) budgets for its client group from locality teams, but this was not yet implemented by the end of 2013. In another site the local authority intended to continue to manage the financial transactions but saw the SWPwA as having spending 'authority':

Although they are making the decision based on how the 'spend' actually goes, they (SWPwA) are not physically handling the money. (Local authority project manager Time 2)

Apart from the SWPwA that emerged from a Care Trust, none of the SWPwAs appeared to be able to commit the local authority to continual financial obligations, such as paying care home fees or other major commitments, and none was able to undertake financial assessments. The ability of managers and frontline staff in one SWPwA to take some financial decisions, such as expenditure on equipment for disabled people, provided one of the improvements in efficiency of which these members of staff were most proud. In this pilot, a junior manager was able to make such a decision or, if the amount was larger, the decision would pass to a more senior manager, which was new in the locality concerned. Despite this hierarchy it was still seen as quicker than in the local authority:

That is the first thing I would say is different and has worked well. In terms of, the social workers still have the same constraints in terms of having to do assessment within 28 days, which is absolutely fine. But a lot of them will say that, once they've done their assessments they have then had to do the budget request. It would go to a senior practitioner who would look at it and make sure it was okay. It would then go to a manager and it would then go to a panel. All these are the layers and all those layers again are gone, because they do their own budget requests, they come to me. If they are okay, I can agree them up to a certain amount. ...It's a much quicker process. I know it's only me doing it here. But the fact that I'm here most of the time means that they do get a quicker turnaround. So that means there is not the delay attached to waiting for a budget and that then reduces the stress levels of service users. (SWPwA social worker Time 2)

Here the SWPwA manager considered that possession of the 'cheque book' for the SWPwA provided a more efficient service to customers in the acquisition of equipment and other resources. In providing a further illustration of this in another SWPwA, where the staff were able to release some short-term, limited funds, another social worker mentioned the following:

At (local authority) it was a nightmare to try and get funding approved. Here, because the manager was available and is the decision maker and it can be done relatively quickly. I mean, for example, one guy that I was working with, his parent had a stroke and within hours I was able to get a carer (care worker) to go in... We had (decision making) panels once a fortnight (in my previous work at the local authority). From my perspective it was a huge difference having access to funding so readily. (SWPwA social worker Time 2)

At practice level staff in another SWPwA were pleased with the ways in which funding for care packages had become more transparent than it had been in the local authority. They welcomed the situation whereby *'you don't have to wait'* for management approval. In this SWPwA there was no funding panel making decisions. However, there was some concern among managers about their own workload. While hoping to balance this, one manager described holding a *'complex caseload'*, whilst the rest of the workload was *'going through the roof'*, and reported that they supervised five members of staff, that they were able to authorise resources up to the cost of residential care (scrutinising about five each day), and that they had some responsibilities for safeguarding investigations – a situation that had not changed with the SWPwA. This social worker envisaged taking on more finance responsibilities as the SWPwA developed. Not surprisingly, this social worker described feeling *'maxed out'* (SWPwA social worker Time 1).

However, while this delegation of financial decisions to managers was welcomed, in another SWPwA there was a move to establish greater control over budgets by setting up a more hierarchical system, ending with a decision making panel. The budgets that were under the allocation of social workers in another SWPwA were very limited and the money was used for temporary care and support.

Reducing bureaucracy

Another way in which SWPwAs identified themselves as being more efficient was in their ability to respond more quickly, notably in the way that telephone calls were being more quickly responded to because people making enquiries or service users did not have to go through the corporate local authority system to speak to someone who would be able to respond to them in a helpful way. The manager of one SWPwA recounted:

initially, when you make a call to the council, you get to speak to an admin worker who puts you through to (a person) who then takes information and then may phone you, you know, refer you to the team and then the team allocates the worker and so forth and so on. Here, it's a much flatter structure. So they can pick up the phone and ring here and although you do get to speak to X who is our admin, you can actually speak to the duty worker directly (SWPwA manager Time 2)

However, in other respects, actions to reduce what was seen as bureaucracy could not be altered as they related to the local authority commissioning of social care services such as home care. In one SWPwA, for example, all social care had to be purchased in line with a brokerage system that supported personal budgets (for reasons of economy of scale, and probity). The SWPwA social workers were required to use this system:

This is a disadvantage of when you've got complex cases. With individuals, we are contacting the agencies, having meetings with them and liaising quite closely when there are difficult situations to manage. The arrangements of the care plan, we've still got to go through the care brokerage system which isn't

ideal for us. We would much prefer it if we could set up our own. (SWPwA social worker Time 2).

By contrast, in another SWPwA the staff had access to an agreed lump sum each week that they could use to spot purchase social care for its clients. The staff here expressed some concern about the limits on this resource but had accepted this as part of the contract and found this a helpful sum to access promptly.

Nevertheless, in one SWPwA, that had earlier prided itself on becoming less bureaucratic, as time passed systems were being put in place that resembled the previous situation:

Within the 18 months that we've been going, there would be a few things where we haven't got things totally right or whatever. But on the whole, there has been quite a positive image of (us). As I said, we were extremely lean and mean. I would argue we are too lean and mean and you can only do that for so long. There are a number of benefits cutting bureaucracy and all the rest of it and that's been a bit challenging lately as well, because some people feel we have taken so much on again and changes in the council. We've actually been having a bit more bureaucracy put on for this to really work, and as I said, some elements have worked and there has obviously been some big savings and the independence and peer support stuff (has) been good and we have cut bureaucracy, although some of that seems to be coming back in. (SWPwA manager Time 2)

IT systems and assessment forms

The suitability of assessment forms for recording client information and the efficiency of IT systems have caused widespread concern among social workers nationally so it was not surprising that in this Evaluation too, some strong views emerged about this matter. Forms were generally seen as too long and to dominate professional encounters:

We wanted to change that and we had a working party to look at that. In the end, all we were able to do was the information that we had we used that to create our own assessment forms. And that now is, you know, it's uploaded onto the system. We did manage to do that. But we had hoped to have, you know, got rid of the very long-winded. Literally in, assess and out the amount of paperwork is ridiculous. If they could just spend more time actually with the service users, looking at the preventative things than having to do reams and reams and reams and reams and pages and pages of the assessments it would be far better (SWPwA social worker Time 2).

Another SWPwA had made similar efforts to reduce bureaucracy. Here the staff group had looked at recording and assessment forms. They had noticed variations in practice – in that some members of staff were recording much more information than others and that seemed generally necessary. As a result it had commissioned training around case recording and it had developed a *pro forma* of crucial items that

staff felt they should prioritise getting the information about. Staff had further decided that other information should not be included. The consequences of this were summarised by one social worker:

As a result the recording got a lot tidier and so we weren't sitting there for ages writing stories about people that we didn't need to write and really focusing on outcomes, so our conclusions are very specific as to what this person needs and then what action we are going to take forward (SWPwA senior social worker Time 2).

In another SWPwA there had been similar examinations of IT systems and forms, which have nationally been seen as problematic in children's and adults services:

I know previously IT systems were causing frustrations. SWPwA offers a chance to strip back bureaucracies . There is a fine balance between processes and systems you need and those you don't, that weigh you down. In informal discussion with colleagues about changes there has been a group of interested folk within the SWPwA – hopefully things will change. I know their HR processes will be different. Possibly they won't employ HR personnel and will buy in those services. (NHS stakeholder Time 2)

Nonetheless, aspirations for change were not always realised, as this extract from an interview with one social worker illustrated:

Being in a SWPwA her aspirations that were that there wouldn't be so much bureaucracy and they would be working hard to get everything streamlined in processes. An example of that was that they wouldn't have to produce certain forms. For example, they could focus on outcome and not have to do so much detail around care planning and assessment. Actually, things haven't been massively different this year. (SWPwA social worker Time 2)

In the SWPwA where staff still had to use the local authority care brokerage system there was particular concern that the paperwork or local authority data requirements got in the way of 'real' social work. The staff felt that there had been delays in asking the local authority teams for data about cases and that demands placed upon them had changed, for example, in relation to hospital admissions which they felt were largely outside their control and had not been specified in the contract:

And the processes are far too complex and time consuming could be done far more simply. If we were allowed to be our own (outfit), we would be, you know, keeping records. We can keep them electronically or in a book that's what I feel has been the biggest disappointment about this pilot is everything seems to be like retrospectively we asked first of all what statistics you want us to keep and what do you want us to keep and they couldn't tell us what evaluations. But every time it's like they will come to you, we want to know how many of this you have done and how many of that you've done. It's like they are making it up as they go along. That's fine, because it's a pilot project. We haven't kept this information. (SWPwA social worker Time 2)

In many ways the SWPwA staff expressed concerns about local authority systems that are national problems. Addressing these seemed to be a far larger matter than a small or even large SWPwA could address. This was apparent in activities ranging from community events imparting information through to complex case management. It seemed easier for community development to be captured (at the very basic level of *per capita* contact, such as number of people in the audience for information delivery) than case management. This did not reflect the nature of the work and understandably the social workers who spent considerable time with service users and carers in difficult or distressing circumstances felt their interventions were not properly captured:

I like figures and I like X (local authority system commonly used nationally). But, I think sometimes we can get a bit too bogged down with systems and figures and performance, key performance indicators, which the council has to do. Sometimes the amount of work that you are doing and the reflection of the work doesn't show. We do a lot of work around carers, supporting carers. Visits that we are doing to support people. It might not always be a key performance indicator that we could put on X. But it doesn't mean that we are not doing the work and somewhere I think there needs to be a reflection of that. Perhaps back off a little bit from the key performance indicators and look more at what are we doing actually to support people? I think you would capture it perhaps in the assessments. It's difficult to actually show the work that you do if it's not sort of anything that can be recorded. I don't know to be honest. I really don't know (SWPwA social worker Time 2).

It should be noted that in this SWPwA and in most others the social workers were not doing financial assessments, which would have necessitated extra form filling, further document checking, and additional correspondence:

We don't have anything to do with finances until something goes wrong. What we have to do is, we have to come back (to the office) and then do a referral for charging. We have to send that to our (local authority) finance department. Any packages of care that we need, then we have to send a referral to Care Brokerage (SWPwA social worker Time 2).

It was not the case that the SWPwAs were less concerned with data collection and reporting (repeatedly mentioned as characteristics of bureaucracy) or that the local authorities were more interested in these measures. For example, one SWPwA manager explained that they were now collecting more data than the local authority required:

We only had 'under 65' and 'over 65' (on our forms), which is what the LA had asked for from us. And so we realised we needed more data. So, actually our data collection tool, which is a monthly tool that the workers use, I've actually increased what's on that. People have got a bit more work to do with that. In terms of the other bureaucracy I suppose all the bureaucracy around the (tasks) that's probably stayed about the same. (SWPwA manager Time 2)

Record keeping

Interviews did not generally reveal marked differences of approach in keeping records related to case work and other activities. The SWPwA staff expressed their general awareness of adult safeguarding policies and the need to make appropriate referrals to the local authority when concerns arose but, as noted, in only one SWPwA did staff carry out safeguarding investigations or safeguarding interventions as they had prior to the SWPwA as a Care Trust (of its 144 staff, nine were working on adult safeguarding and Court of Protection affairs). As noted above and excluding the Care Trust successor, complex or litigious cases had not been transferred to the SWPwAs and so such extensive 'files' or 'records' were not moved. (In the Care Trust successor of the 144 staff, 73 were working on complex case management and six on continuing health care funding.)

While there was some discussion about changes to recording this had not led to particular problems. In some SWPwAs individual files had not been transferred to them and continued to be accessed through the local authority IT system. Elsewhere, questions were further arising about how much record keeping was necessary, should there be a full care plan, for instance, or could it be enough to record that outcomes were being met (but not how)? Staff in one SWPwA had been working on designing a new assessment framework and expected to do more work on case recording with the aim of acquiring better information which would in turn potentially make support plans more outcome focused.

Staff recruitment

Another illustration of attempts to reduce bureaucracy was provided by one commissioner who found that a small SWPwA was able to cut through delays in staff recruitment:

Don't like bureaucracy. (PAUSE) Willing to say yes, rather than to say, no – that sort of approach. When one of the workers went (away) or whatever they did, the SWPwA found somebody else. Now, here in the local authority, recruiting can take ages, even when it's an agency worker you still have to go through a process and set up an interview panel and go through HR and do all the checks and da, da, da. You know, a lot of that is very important and necessary. I love the way (SWPwA manager) just says, it's all right, so and so is going to come and do them, instead, and suddenly this other person appears. (SWPwA commissioner Time 2)

Another SWPwA provided a similar example of the benefits of being able to take on new staff more quickly than the local authority. This was similarly appreciated:

As we progressed and one person left, we managed to employ more people through (the SWPwA), which helps, because it's much quicker. We could do it on a very flexible basis, whereas in the council we struggle to do that, to be honest. So that was good. (SWPwA commissioner Time 2)

Potential for cost savings

The challenges of managing budgets, to the extent that this was within the SWPwAs' control, were multiple and short scale for most pilots, but larger if the SWPwAs were part of another organisation. As noted above, set up was a period of negotiation in which finances were major points of debate although not always fully clarified. Aspirations around cost savings remained, and were far more emphasised by the local authority than the SWPwA, but even so they were not always quantified. One SWPwA in particular expressed concern over the lack of clarity on 'underspend', or making savings, and was not clear if it could keep such savings and re-invest them or whether it had to hand them back to the commissioning local authority. This became a point of contention and typically involved discussions about possible eventual savings on residential care and similar. One local authority commissioner expressed views more explicitly than others about the SWPwA's desired role in reducing social care spending on people who might not need it, giving as an example a person who had been 'assessed' as not able to walk and had given this information without social workers establishing the veracity of this. The SWPwA was seen as a way by which such individuals might be challenged. SWPwA members of staff more often gave examples of hoping to link people to voluntary or community groups and thereby saving social care money, rather than undertaking this challenging approach.

Some SWPwAs were not paying rent for occupying local authority premises as this was part of their service level agreement or contract. In contrast, others had to pay rent and pay for other items or services, such as broadband access. As noted above, staff members in one pilot were home working and so office premises did not command their attention, but they continued to have free access to communal space within the local authority for meetings, albeit this was organised through a single point of contact and could not be guaranteed in the future.

As time passed some hoped-for savings did not transpire and indeed making identifiable savings was often hard to establish. One local authority commissioner reported:

We couldn't see any signs of budget savings. The model, although the cost of the actual resources within the model was less than what we have internally, it wasn't producing any savings and to be honest within that we've had our budget saving pressures. What I think is a success is the fact that although we are still looking at efficiencies and savings, what has come out of it, with that model, is that you are getting, you're actually hitting the ones that don't actually have an eligibility (people who are not eligible for local authority support). So, it's really, those are the people that are getting some form of assistance that didn't previously have any assistance. If you look at the whole remit of the business case and look at savings, that's not delivering savings. (SWPwA commissioner Time 2)

In another site some of the SWPwA work cost less than the 'usual' approach. In undertaking a set of reviews for the local authority as a new piece of work, the commissioner acknowledged that the SWPwA had under-costed the work and that the local authority had thereby saved money in this instance by not having to pass the work to agency or locum staff:

It's extremely relevant in this climate Using that work they did for learning disabilities and seeing whether more work like reviews should be outsourced and whether it is cost effective. And I think yes, it is more cost effective. Even though, the price that they did the reviews for was too low, they made a loss. (SWPwA commissioner Time 2)

In a further SWPwA there was greater confidence that they were making savings by taking a more careful view of whether people needed social care support:

We are seen as value for money We don't know the final figures - the council hasn't really given us that information and that's the big one, because I think that's where the council whatever, they've got a deficit, so obviously a big thing for them is reducing that deficit and I think it would be naïve not to say that we are a major part of that plan (Laughs).

INT Have you quantified your savings?

That's what we have asked the local authority, but it's a sensitive area and they are quite cautious about giving that. They have put some 'guesstimate' stuff in Obviously we are making quite significant savings from what we can gather from our intelligence from the local authority. (SWPwA manager Time 2)

Calculating savings was not easy in many circumstances especially when these might lie across the public sector. As one example a SWPwA manager recounted:

I met with the director a couple of weeks ago We were talking about costs and savings that we have made and one of the things that was asked was, you know, is this a direct saving or is it cost shared from Health? There is that—cost sharing to a degree where somebody's has got a £1,000 adult social care package, but now has continuing health care and that is a £1,000 saving to the local authority, but across the local health economy it's still £1,000 cost. (SWPwA manager Time 2)

Other savings related to systems change rather than reduced or reallocated budgets. In one SWPwA the ways of working had been modified for efficiency and effectiveness. The local authority commissioner had been informed about these changes:

Our Director has been quite clear with them, I think that if they want to expand and grow services like that, they have got to do it through income generation and managing things differently they have restructured how they deliver services, so they have some intake first assessment or front end and they

have speeded up the support worker services, much more about promoting independence. They have changed the way that they deliver the service quite substantially. (SWPwA commissioner Time 2)

For the manager of this SWPwA there were benefits of making savings to the organisation:

I like to think I'm quite a good budget manager. That was my downfall in the past, because obviously as soon as the year end came you lost whatever you had saved. Now I save whatever I've saved We save money on all sorts of things. We don't have to go through the process again. Those little things that we can save. (SWPwA manager Time 2)

The same commissioner who was concerned at the SWPwA's failure to invest in a financial information system considered that there had not been any changes in administration or bureaucracy beyond those in the process of being made prior to the pilot:

They kept on top of the statutory element and there wasn't really much in terms of reducing bureaucracy. The only thing they say is that the budgets were authorised quicker. There was, they came up with (their) assessment to look at the outcomes. They were being more person-centred with the support planning, but that had already started when they were going into the model. We have used the SWPwA to look at high end packages of care, because from our point of view, if we can look at those high end packages of care with OT (occupational therapy) support and the support workers going out and doing the follow up plans from the OTs it's possible sometimes to bring the cost of cases down and also provide people with equipment. (SWPwA commissioner Time 2)

Innovations or improvements

Describing an innovative practice or system means considering whether it is new to the area or locality, or new more broadly. Some of the difficulties in defining what could be innovative also included whether to classify something as an innovative practice or development that was said to be new but was being concurrently developed in the local authority. The difficulty of defining 'new' practice is not confined to this study. In the evaluation of the SWPs for Children, where interviews were undertaken in comparison sites, it was evident that what was new in some SWPs was simultaneously taking place in other local authorities or had been made possible because the SWP had been given extra resources (Stanley et al, 2012a). With these caveats in mind this section reports on what were seen as innovations attributable to the SWPwA.

Providing more a personalised service

Staff from some SWPwAs described numerous ways in which they felt they were offering a more personal service, for example, in one SWPwA working with people with communication needs staff described being able to keep cases '*open*' longer as

they knew that people would generally have long term support needs. Most but not all SWPwAs worked with people who were eligible for publicly funded social care (Fair Access to Care Services – FACS eligible) but also offered a small amount of information to others who were self-funding or below FACS levels, and one was explicit that this could incur a charge in the future. One SWPwA project manager cited a case where four daily visits to a service user had been reduced to one with the purchase of some equipment that the SWPwA social worker had thought better met the person's needs. This manager also provided examples of people who had been 'screened' and instead of being provided with social care funding had been referred to the local authority Supporting People (housing support) scheme.

In some SWPwAs the improvement related to a more responsive service to the public. Classing these as achievements of course provides a picture of the apparent tolerance of delays and waiting lists in many local authority areas. In two areas responsiveness was judged a substantial improvement:

There are indications that numbers of people being seen have increased, that suggests they may be more efficient. The service is better than what it used to be and they've got more people in post now. The interpreting service is better: I know now I can book and get a response – it used to be a nightmare (Voluntary sector representative Time 2)

The feedback I've had from service users and carers is that the social workers have been a lot more easily accessible and they are really happy with that...You are able to get through queries quickly, because we've got X, who is there to answer the phone and there is always a social worker around. She can ask the query and it's dealt with. I mean, in (the local authority) people have rung up and waited an hour for the phone to be answered, and then they can't get through to social workers, so it's put on a waiting list. Then, they've rung again and gone through the same process and then they've gone and waited for an allocation list, six to twelve months (SWPwA social worker Time 2)

Providing preventive support

In three SWPwAs there were ambitions to work with people who had low or moderate needs for social care or whose needs were seen as likely to be temporary. One Occupational Therapist explained that this was part of prevention:

What we do is slightly different. We were looking at working hands on with people to try and establish sustainability that gives people more independence. That independence would remain. What we do find, generally, is that a lot of people tap into services and they get a short term burst of services. The case is then closed. And then, it's like revolving doors and they end up coming back at some point. (SWPwA occupational therapist Time 2)

Other innovations were the setting up of groups for service users to provide support and educational activities ('self-management'):

This has been a group of service users who have come together and meet once a fortnight that's worked really well. It was Q and two other social workers started it, and it has now taken off. There is a pot of money attached to that and those people in the group are asking for training and for speakers to come in. (SWPwA manager Time 2)

While this type of activity is not by itself innovative, it may be for social workers who have been working in a care management role (*'20 or 30 odd years when I started social work, you could do preventative work. That seems to have gone'* – SWPwA social worker Time 2).

Promoting independence

Some other innovations centred round challenging and revising service users' expectations. In two SWPwAs there was a focus on 'weaning' people off potential over reliance on care workers. This could start at the beginning of assessment or following a period of reablement (temporary support to regain abilities) as described by these social workers:

It's looking at what is the capacity for this person to do things from the beginning, really. Because you can disable them sometimes by putting carers (care workers) in. There is then that reliance on the carers so when those (reablement) carers go, they want mainstream carers. Certainly in their initial evaluation, that was the indication that they (local authority) gave - that the cases are reopening. (SWPwA social worker Time 1)

I went into this lady's home and I didn't think about what care package I would put in We had a talk about what the difficulties because she might have been in a wheelchair We went in her kitchen and said, well what about if you move your microwave to this end of the room and then we put plates and cups and things here and move this somewhere else and I can get you x, y and z and we'd sorted it out and she remained independent It's interesting, because some of the staff who are more think more process driven actually manage it better (whereas) a couple of people who historically did long term work have actually found it a real challenge to give that up It is about reabling people So there have been massive cultural shifts for us as well. It is quite difficult. (SWPwA social worker Time 2)

In other instances the ability to be able to purchase a piece of equipment from a local store more cheaply and economically was seen as part of the SWPwA's 'unique selling point'. This also extended to being able to provide direct assistance (generally one-off) such as help with clearing and cleaning.

From the local authority perspective, while activities were not necessarily themselves new, the SWPwA could demonstrate that these activities were now approved and that emphases were changing from routinized care management to more preventative approaches. In one SWPwA the commissioner acknowledged:

Things like, the community surgeries. I mean, they seem still quite innovative, but actually they were happening before. (SWPwA commissioner Time 2)

From the SWPwA point of view this element of showing what might be (again) possible was part of their role. The SWPwA manager reflected:

I suppose (it) demonstrates to staff within the council exactly what we could do . being outside the council has given us a bit more scope to be a bit more flexible. For example, one of the social workers has been able to do home visits whereas I think, before, we were in the council we didn't really have the capacity to do that. We've been able to provide one to one support to people, additional support that we didn't really have the capacity to provide before. I think in terms of our community work as well, because it's taken time to build those relationships. I think now that we are outside the council, I think there is probably quite a bit more trust with communities . It's not that I've had extra money. I think that we've been able to be a bit more creative with the time and also obviously still hit our targets and head up and make sure we are performing appropriately. But in terms of time management we've had the time to do that. (SWPwA manager Time 2)

Flexibility

Being flexible was a theme that ran through many discussions of innovation. It did not seem that there were particularly new activities or approaches. It was more that activities that had been pushed aside in busy, performance and target driven care management, as well as hard pressed team environments with high staff turnover and increasing demand, could be newly visible and importantly seen as valued. Two SWPwA managers articulated some of these points, both mentioning their desire to be *flexible*:

It's easier if you can cut the cord with the local authority and are not in the public sector. You can then strike alliances with whoever you need to. You can be very quick. You can be flexible. (SWPwA manager Time 2)

Each community is different. This is community based and this is going back to community based social work in many ways. If you are going to make it local and right for that community, you've got to be flexible and it might be that we have three different teams. They work in different ways. That would be right and proper. As long as the outcomes are delivered. (SWPwA manager Time 2)

However, being 'flexible' was not always regarded positively. In one site the social workers were all 'agile working', which means that they work with mobile phones and laptops, and do not have any personally allocated desks or offices. They have their own keyboard and a trolley in office bases that are pretty much 'paperless'. The sense of being a close working team was not so evident in these arrangements in a large SWPwA, and as an innovation this was regretted. It is however, not unique to SWPwAs.

Developing specialist expertise

In the other model of SWPwA, offering a case management type service, improvements in service were connected with the expertise and continuity of care that were newly available to a specific client group. Similar achievements were described by other SWPwAs offering a specialist service. In relation to the SWPwAs that offered more short term engagement with members of the public or temporary service users the notion of their service improvements lay in the ways in which they presented a human face to brief interventions or gave assurances to members of the public that someone was paying them attention when that had not always been their experience with public services and professionals.

Some of the more 'specialist client group' SWPwAs were also planning to offer training as part of their service, and other groups in the voluntary sector also envisaged offering training to them. As we will describe in Chapter 8 most of the voluntary groups interviewed saw specialism as valuable and thought it enhanced the SWPwAs' credibility among users and carers. Training confirmed this expertise. One SWPwA manager described growing confidence in marketing the training and courses run by the SWPwA in the locality and beyond. While some of this had been taken up in other parts of the local authority, it had received commissions for training from healthcare services and the Police.

Summary

The business of carrying out the activities of a SWPwA entailed debates about financial responsibility and autonomy. There were moves to clarify these elements and to set boundaries. To a great extent the work of the SWPwA remained tied to that of the commissioner. Beyond assessment and care management few of the pilots developed innovative kinds of social work intervention, such as those which might draw on their therapeutic or counselling skills, but some expressed ambitions to do so. Their abilities to innovate rested, of course, on the work plan agreed with the local authority which sometimes set out a fresh approach to care management and managing expectations. Efforts to make savings were important in some sites but were complicated by the SWPwAs not generally having control of on-going social care budgets.

Chapter 6: FINDINGS – SWPwAs looking forwards: business viability and plans for the future

Findings presented in this chapter develop some of the themes considered in the previous chapter by exploring the SWPwAs' business viability and plans for the future. We end with reflections from local authority commissioners, senior managers and finance leads, and from SWPwA managers and staff, on whether they would have embarked on this initiative with the benefit of hindsight.

Business viability

Business acumen

Although business acumen was recognised as an important requirement for SWPwAs, it was viewed as inseparable from specialist skills and knowledge. In the areas where some efficiencies or savings were evident these were largely associated with managers' ability to make some financial decisions, e.g. over purchasing of equipment, and frontline practitioners' determination that short term support should remain short term and to make greater use of community resources and informal support networks. Two SWPwAs were substantially involved in purchasing items for users and their managers were convinced that they were '*better shoppers*' than staff in other parts of the local authority or working in integrated equipment services. As they acknowledged, this delegation of power did not need to be linked to a SWPwA but could be arranged in other ways. Possession of a cheque book seemed symbolic of having the ability to negotiate '*good deals*'.

Expectations about business acumen with respect to local authority money (public money) extended to more than just the purchasing of equipment. In some SWPwA areas commissioners expressed their concerns that the SWPwA staff members were not sufficiently skilled in advocating for service users' access to funding from other sources than the local authority. More broadly, SWPwA sustainability was associated with bringing in new funds to supplement the single contract from the local authority. None of the SWPwAs seemed to believe there was a large funding base waiting to be tapped, although the NHS was considered the largest commissioning group to explore. In others, as will be reported in Chapter 8, some of the SWPwAs accessed local charitable funds for service users (an activity not unique to SWPwA social workers), but most did not have grant making application skills relevant to this highly competitive sector. Two had made applications to the National Lottery which had been declined, and feedback had confirmed that any activity seen as core statutory social work provision would not be funded from this source. The SWPwA that was part of the business of a large voluntary sector provider did not evidence the potential for making use of this experience and seemed often disconnected from the wider voluntary group that did not have its main offices nearby.

Sustainability

Questions were raised by the local authority commissioners about the sustainability of the SWPwAs once the real running costs were established and the uncoded local

authority support entered the balance sheets. At Time 2 these views were more clearly articulated than a year previously, although even at Time 1 there were some observations that the SWPwAs had been 'generously' funded. Excluding the SWPwA emerging from a Care Trust, where financial calculations are unique in their legality and complexity, in their own professional terms, local authority financial managers raised the following matters:

- Loss of economies of scale in this kind of pilot e.g. around accommodation costs, by an independent company managing care budgets and setting up services that may cost more than the local authority arranged services.
- The need to have full open figures from 'the supplier' (SWPwA) to show how profit margins are calculated, how money is allocated to overheads, staff, marketing, etc. and then how the transition from a 'local authority-supported business' can make the transition to a sustainable independent business that can support its future existence including all management and back-office functions. One local authority finance lead was particularly critical of the local SWPwA and described it as showing '*a real lack of understanding around this*' and expressed concern that the SWPwA had '*questioned the legitimacy of us requesting such information*'.
- Tendering processes generally ask bidders for a breakdown of expenditure to demonstrate that an optimal level of resource is being given to frontline services requested in the specification but is also being appropriately supported behind the scenes. Further to this, one finance lead declared that they would not want to see money being paid by the local authority for care services to be used for '*propping up*' other functions of an organisation's business, that did not have a direct relationship with the local authority contract. In their experience of the local SWPwA this was something '*we don't have confidence in, and the SWPwA again shows a lack of understanding in*'.

In most SWPwA sites local authority financial managers were sympathetic about the financial difficulties facing the SWPwAs, including the implications of having to pay the true costs of their office accommodation and backroom functions which would need to be considered as part of future developments (currently local authority provided). They acknowledged that TUPE implications would also have a financial impact on any outsourcing and these were likely to be a difficult matter to resolve. Even in the SWPwA that was emerging from a Care Trust there was a warning for other commissioners to avoid underestimating the amount of time taken to gain the full financial picture (valuations, overheads, systems, processes, contractual relationships) of any new enterprise.

Two SWPwAs had been offered assistance with developing business plans to better explore viability. It had hoped that this was to be in the form of a pot of money but it turned out to be consultancy 'advice in kind'. While this was welcomed, one manager described having to spend considerable time trying to explain their activities and to break down assessments item by item. The local authority commissioner felt that this

type of transaction pricing would be hard to work into a pricing structure and was likely to be inflationary and unaffordable:

These financial and business plans are quite interestingly wanting us to cost assessments. What they were asking was if they (the SWPwA) then assess people who have a mental health issue or a learning disability or a physical disability, how much is that worth and how much will the local authority pay them for all these other different components? If we go down that road it's just never going to happen. It's just not going to happen. We are not going to get into that kind of discussion (Local authority commissioner Time 2).

Plans for the future – where pilot will be a year hence

Uncertainty

These comments about the long term sustainability of SWPwAs mirrored a wider uncertainty about where financial cutbacks and new policy imperatives towards integration would leave the wider adult social care sector. Clearly, the SWPwA that was foreclosed did not have a future and this was regretted but largely understood by its staff, some of whom had approached the local authority to express their concerns and some of whom were happy to return to the local authority:

That is the decision that they have decided to make. Very, very disappointing. I think I would say that projects like this can work. I think we can demonstrate that they can work. But I think the local authority have decided that it's not for them at this time. It's not, I'm sure it's not to say they. If there was a right resources and the funding I think it would work so well. (SWPwA manager Time 2)

In other areas the local authority managers were very unsure about their own future, still less the future of the SWPwA: *'I may not be here by March 2014. I will be surprised if I am'* (Local authority commissioner Time 2). In some local authorities the SWPwA was supported by key managers but if they were to leave then senior managers acknowledged that the future of the SWPwA would be uncertain:

...a lot depends on Q and the legacy Q leaves behind, I think, because Q is there— Q has the power, so much more power than I have. Q is a great supporter of the SWPwA. (Local authority commissioner Time 2)

Alternatively some of the SWPwA work might be funded and not the other. The areas of work that seemed to be particularly vulnerable were around community development, rather than the statutory work (reviews and reassessment):

I'm not sure about the community work, whether that would be seen as a priority. I'm not sure. (Local authority commissioner Time 2)

Mostly, there was uncertainty among commissioners because of the broader financial situation facing local authorities:

People don't know how much money we are going to have next year. So it's very difficult for them. It's very difficult to say anything about anything.

Because there are huge cuts being made this year, but almost certainly more next year, unless the foot is taken off the pedal because of the election. It's all to do with that cycle, isn't it? That really is going to be the decider, I think. Because if there really is a cut into the bone, the bone then, anything that's seen as slightly odd or different or disposable they will cut it. (Local authority commissioner Time 2)

Another manager from a large SWPwA also recognised the uncertainties arising from the current financial pressures:

Also we don't know the level of the cuts locally. That obviously will impact significantly on how business is done. (Time 2)

Implications of greater health and social care integration

While there was the potential for integration and NHS money to assist, the general feeling was that local statutory bodies were not ready to have such discussions, partly as a result of the recent NHS reorganisations around commissioning and the multiple demands at its door. Indeed, in one SWPwA the focus on health and local authority integration appeared to be the possible reason why the SWPwA's future might be in doubt:

There are a lot of things going on within the local authority and the integration agenda is fairly high up, as you know. I don't think we are quite at the point yet where we can make a decision about post 2014 really, because it may just well get swallowed up with the wider integration agenda. (SWPwA manager Time 2)

This concern was confirmed by the local authority commissioner:

The wider integration agenda may dictate something different. I think it's just too difficult to tell at the moment, to be honest...It's just sort of waiting and seeing...Obviously, we are going to be facing a lot more austerity measures next year. I think there is another X million for the local authority to save. (Time 2)

Income generation, market expansion and contracting

As noted in Chapter 5, while some SWPwAs had some income from providing training this was not substantial and there was competition for this from the voluntary sector in some areas. The SWPwA that was part of a voluntary sector group did not have such opportunities, as the voluntary group itself was already providing such services. Other opportunities that had been offered to one SWPwA involved taking on work in other local authorities which, if this type of work became more central to their business, would mean they would be at a distance from any community links and would be at risk of operating as a firm of locums or agency workers.

In contrast one SWPwA was very optimistic about the future; partly, it seemed, because the local authority commissioner was so supportive and knew them well:

The council have asked us to extend big time. It's good. It's, you know, it's challenging and risky at times for everyone in some ways. It's a risk for the council to let an outside organisation for the first time. It's a risk for us because there are a lot of new territories. We've been encouraged to just focus on the one council. We haven't been, we haven't had the time or been encouraged I suppose, to look at some of the other areas that we were going to go into. It might be more health orientated stuff and it might be under the local authority and it might be consultancy workers. At the end of the day, I suppose they can pull things back in and they can learn a lot from what we've done already. They will gain, I suppose. (SWPwA manager Time 2)

However, another local authority commissioner took a longer view and spoke of the ways in which SWPwAs might be required to tender competitively for any contract. While this commissioner felt that there might be some protection for a while they felt that there would likely be a requirement to put any service out to tender to any willing provider:

What I'm mindful of is that (the SWPwA), we would be able to protect them for two, three years in terms of a contract thereafter. They would subject to tender and I think that's when you get into real difficulties because if they weren't successful with them and we can't pull back from that and then dealing with new providers. My anxieties would be about three years down the line, really and what happens in that kind of process. (Local authority commissioner Time 2)

Interestingly, a representative from the voluntary sector also expressed concern about the local SWPwA being outbid in any tender exercise. This concern seemed to be associated with a previous experience of a large company successfully bidding for similar public sector work:

My greatest fear is that the funding comes to an end if the local authority puts it out to tender and a big provider comes in to undercut on cost, and our experience is that reduces the quality of service. I think it would be concerned if it went back in-house. (Voluntary sector stakeholder Time 2)

Such fears of large providers were also raised in another site, this time by the local authority commissioner:

We know...that there are big players wanting to come into this market and goes without saying, we know they are already in (locality) hovering on the outskirts there. For (the SWPwA) to survive they need to be able to compete with that market, which means that they should have already been out there and got real contracts. (Local authority commissioner Time 2)

However, another local authority commissioner felt that this was less of a threat:

The other thing is though that the ten year requirements now have the added social value aspect. This kind of set up would have and that somebody like (Large company with many local authority contracts), they might be good at

doing the bins (waste disposal) but could they deliver the added social value of community development side and the benefit? (Local authority commissioner Time 2)

Employment of staff following pilot

Earlier chapters have highlighted how the employment status of staff varied between SWPwAs. In terms of what would happen to staff if and when a SWPwA was ended, this was easily resolved when staff had been seconded to the SWPwA by the local authority as they were able to return or carry on in another arrangement. Where staff members had been employed by the SWPwA then some local authorities were choosing to treat some of them in the same way as the seconded staff but not those who worked under a time limited or fixed term contract who would not be employed:

Because we didn't have enough people seconded over we asked the SWPwA and tasked them to employ social workers we are going to TUPE those social workers back into what our—it's a statutory service (Others employed by the SWPwA) we've given them the funding for that, but they know it's not a statutory service and it's just contracted so what's going to happen with this is, the seconded workers would go back The (others) will then finish their fixed term contract. (Local authority commissioner Time 2)

In such a situation the exit plan was generally clear to managers. However, individuals still expressed some uncertainty. One social worker admitted:

I don't know what happens when the pilot ends. I will be TUPEd across and technically our terms of employment will—I don't know what will happen to what's it called, pension and all that sort of thing. I have no idea. I will just go with the flow and see what happens (SWPwA social worker Time 2)

In another pilot a social worker had not realised that the NHS underwriting of pensions when moving to another provider did not apply to local authority staff:

We haven't gone into terms and conditions yet and employment law and TUPE and all these other sorts of things. I already feel like I work for (SWPwA) anyway. I don't feel like I work for (X) Council any more As far as I know these things (pensions) can be transferred across if you are an existing worker. Lots of people that have gone out in the NHS they have gone out and they have taken a lot of their terms and conditions with them. (SWPwA social worker Time 2)

Those who were working on a self-employed basis did not seem always well informed about their status:

If local authority stopped funding in March next year, there would be some sort of TUPE issue there for me I need to investigate what happens in terms of TUPEing I'm sure there is (a period of notice) which is in our contract, I'm sure. I need to double check I haven't got anything in writing about the extension as yet. (SWPwA manager Time 2)

Some SWPwA managers did not always have greater clarity than their staff members about future arrangements:

I think obviously everybody will be able to make their own decisions and take maybe their own advice as to their pension scheme and maybe look at different pension packages that is the golden egg, isn't it, having the pension. But then you've got to weigh it against all the other things in your working life and you can't just stay somewhere just because the pension is good. It's not going to be a shock to them and people are already thinking about that already, that's come out when we've had the away days. Because we don't know at the moment then obviously when we know we pass that information onto the staff. (SWPwA manager Time 2)

However, for a further pilot lead there was a clearer picture of the need for future and possibly protracted negotiations about pensions:

I think pensions have sort of gone off the boil, really. Because we've just been going through this and we are seconded at the moment and it hasn't made a difference. It won't be until we know exactly when we are going to move out. And that's obviously circumstances allowing for that, and then we start to obviously think about that again. Part of the work that (consultants) have done with us is around looking at pensions and how the TUPE situation will work for us. But once we are a little bit closer to that and we have some more definite dates or slightly more definite dates working on the legislation then that's what we will start to negotiate. (SWPwA manager Time 2)

The TUPEing over to a CIC of currently seconded staff was seen as an inevitable, if possibly controversial, next step for continuing pilots whose staff were seconded, as the local authority commissioners in two sites described:

Setting up process hasn't finished. It won't finish until we have TUPEd staff. We have still got that to do. That will be one of the most challenging bits, as TUPEs always are. But the staff are aware it might happen. There was no hidden agenda here. People in (X) Council terms and conditions, those terms and conditions can't be changed until they are TUPEd over, and do what they like then. Anyone you employ subsequently at (SWPwA) is entirely up to you. (Local authority commissioner Time 2)

They have had the initial discussions with HR (about pensions). The plan was that we would start from now until the end of March 2014 we would be divestment ready, so all of those things would be addressed. If the timescale starts slipping for at least another year there is a question about how you keep that momentum up and whether that would be the right time. They began to have those discussions with the HR service. I don't know any more than that. Presumably, they will have to get an intermediate body status or they would have to go and then restructure completely. I'm not sure. (Local authority commissioner Time 2)

One local authority commissioner was confident that more flexible employment, rather than reduced rates of pay, would remain the priority when making employment offers as vacancies occurred and the TUPE staff left the SWPwA through retirement and so on:

I don't know that that isn't going to be an issue about driving costs down I can't speak for the council. I would imagine that we'd want to—we'd have to maintain the staff at the rate that they are at now. The only difference would be if when those people left and moved on and what we've found that (SWPwA), we've been able to and we've not reduced the cost of the staffing, but we have chosen staff who can work flexibly. We've maybe done not full time. We've used the staff differently. We've kept the same rate of pay, mostly. (SWPwA manager Time 2)

However, one pilot lead was wary of the pressure to maintain local authority terms and conditions:

We have to manage with different levels of staff contracts. It's very complicated. The pressure on me to emulate (local authority) benefits. I don't really want to go down that road I mean, we have to think about the costs as well. (SWPwA manager Time 2)

There was continued frustration that the NHS underwriting of pension contributions under 'right to provide' had not been replicated with local authorities establishing SWPwAs:

The precedent has already been made with the NHS: The NHS decided under right to provide to underwrite all pension contributions to make sure those companies are both sustainable financially and can compete on the market. There is no reason why local authorities can't do the same. They just need the green light to say, look, you need to be doing this If they don't underwrite it then we can't compete financially - it doesn't matter how good you are - with the open market, because the contributions are high. (SWPwA manager Time 2)

Pensions had been a continuous topic of debate at Shared Learning Events, and in communications with the Cabinet Office. One local authority commissioner was planning to proceed with underwriting when moving from secondment to TUPE arrangements:

If we TUPE I will just negotiate with them and we will continue to pay the pension contributions. If we were challenged under European Law as trading unfairly with their competitors then we can say that there is already a precedent made in the NHS I think we can do that. I will need to get (local authority) Cabinet approval. (SWPwA manager Time 2)

For the self-employed workers who had not previously been employed by the host authority, the uncertainty about their role was nothing new:

Well, I've always been a locum, so I've always been looking for work. I'm not really that worried. I think I feel quite secure now and I've got until March next year and then after that, well, yeah. I'm hoping that the funding will work out. So, yeah, I'm not really that worried. (SWPwA social worker Time 2)

Would you do it again?

One local authority commissioner welcomed any opportunity to repeat a SWPwA pilot, and to give it an opportunity to develop without political intervention:

I think it would be very good to do it again and my recommendation is that what we need to do is get our books in order and say this is how much the social workers are costing let's put them in a new environment and let's start them off with a number of cases that are realistic and see what happens. That would be—that would be in an ideal world. With the way things are going at the moment, I don't know if that's going to happen, because there is an awful lot of different models going about these service reviews are still happening with councillor and cabinet members having the final say on what stays and what goes. (Local authority manager Time 2)

Another local authority senior manager felt that it had been difficult to undertake such an initiative in such a short timescale and so would only do this again if there was more time – a test period of 3-5 years not 18 months. With the benefit of hindsight, not only was longer time needed but their view was that the local authority should have invested more money in providing better and continued scrutiny.

Both SWPwA managers and several practitioners within one particular SWPwA echoed that they would indeed repeat the experience of a SWPwA. However one social worker reflected that for them personally:

I would think very carefully, I think. I would need a lot more information before I would apply I think that the idea of like a community based social work team, it's brilliant and you've got all the other, like you've got health, Police and all the other, to build up, so you've got that force there that the community can come and go and it's accessible. I think that's a fantastic idea. I don't know whether that would ever happen and whether it would ever be feasible I'd like to—yes, I would, because I do think social work is all about change, it's constantly evolving. So, yes, I would. But I'd like to be better informed before I took that step. I'd like to see that there were plans in place and what kind of outcomes we'd like to achieve. But yes, I would, because I do think change is good. (SWPwA social worker Time 2)

A colleague echoed these sentiments and added: '*I would do it again, as long as I would be part of the game*'. (Time 2)

A common view from local authority commissioners was that the process of setting up the pilots had been protracted and resource intensive, but the value of the learning arising outweighed this, as one expressed:

I would, actually. I really would. It has taught me so much when all this first started, I thought, I didn't really understand what it could mean to have a part of the—a social work team operating outside of the council, unless you were talking about, you know, very sort of corporate type social workers who went around doing the expensive sort of guardian item assessments or whatever. Just the whole process and the whole negotiation and yeah, it's been fantastic. (Local authority commissioner Time 2)

Local authority commissioners emphasised different areas of learning:

Yes, I think we would. I think there is a lot of learning there we'd want more reassurances around business capabilities of pilots. That's the difficulties in the pilots. I think by the very nature of it they are run by social workers who, in some instances, you know, are extremely good social workers, but perhaps don't have the business acumen required to run their own business. I think that's something that we'd want reassurance on if we were to do it again. We need to make sure our numbers were right, I think. We didn't really, at the start of the pilot, we should have had a more phased approach They had an influx of people early on and found that quite difficult to get the pilot up and running with regards to making the links in those very early days I think there has been some really good learning. (Local authority commissioner Time 2)

Pilot managers expressed a similar view but outlined that in their positions there was a personal cost in being a 'trail blazer' and being under constant review:

Yeah, definitely, it's been amazing. It's been a fantastic opportunity It took a lot more time than I expected it to take. I think for people with commitments like children or relatives that they are caring for, it wouldn't have been possible the fact that I was really committed to it succeeding and that the team were really on board as well, that that was the secret to the success. (SWPwA manager Time 2)

Another manager noted: *'I think it's been good for us. It's been good to look at what we are doing and improve our practice and that's worth it'* (SWPwA manager Time 2).

Social workers valued the opportunity the pilots gave to illuminate the importance of their role:

I wanted to do it because I wanted to show that social work research is really valuable. It leads onto people receiving the services they need and the support they need. I feel there has been a big shift away from that to using databases and statistics I would do it again, just solely around the research. I would like more time to get the research done and written up and looking at it, so that we could say, okay, we identified this and what can we do about this? What should we be developing? This impact, what should we be

developing around this, rather than leaving people wandering in mid-air, really, which I think happens a lot. (SWPwA social worker Time 2)

Other local authority commissioners emphasised that the success of one pilot might not be easily transferrable to other teams or services, and required not just strong team leadership but also a strong national impetus. This was a well-informed view as this senior manager was at the time of interview involved in the bringing back to the local authority of a number of outsourced services that had not been seen as cost-effective or popular:

Yes... I just thought it was really exciting. It was really interesting and it's been really great to see them (pilot staff) really respond and be full of energy. I can think of teams or services within this local authority that might be suitable. I wouldn't go lock, stock and barrel. I can think of more discreet areas where you could apply similar models. Whether without that kind of enthusiasm and direction from Department of Health or The College of Social Work or somewhere, I don't know that it will happen in the same way. I feel a bit in two minds about it, because I think it's been absolutely fantastic for this particular team and with that leadership and but I think there are particular things about it that have contributed to the success and I don't know how much you can extrapolate from that to Social Work Practices in general they always seem fairly unique and different. (Local authority commissioner Time 2)

The development of SWPwAs was seen by another local authority commissioner as an inevitable financial and political remodelling of services, but also an ideological shift taking decisions about social care closer to people who are paying for them:

We know that regardless, in-house services they are not stable financially and nothing is any more, as you know, with local authorities. We know that there is a large contingent of self funders out there which we are not capitalising on. I think that's part of the government agenda. I think it's a positive way to go. If I'm honest regarding sustainability, it is the only way to go. If the question is, would I do this again, in hindsight, absolutely I would. I will always come back to that, I think social work is best served and communities are best served coming out of local authority control because I don't think the local politicians are in the best placed position to make informed decisions about what is good for local communities and particularly when it comes down to good social care. The dynamics are changing in our community. We were already talking about choice and empowerment, then actually let the professionals work with people who use services, families and carers, to decide from the user perspective. (Local authority commissioner Time 2)

Summary

This chapter has shown that there were debates about the long term sustainability of SWPwAs once the pilots were finished. Some of these related to concerns about the

financial controls and workload prioritising within different SWPwAs while others were more related to the emerging policy and fiscal priorities. Nevertheless, perceptions of having been involved in the pilots were broadly positive across SWPwAs and local authority commissioners and there was a sense that they had gone some way towards developing the evidence base for social work with adults.

Chapter 7: FINDINGS – Relationship with commissioning local authority: Performance reporting, accountability, power balance and support

Over the timescale of the pilots there were many differences and some changes in what information was required by the commissioning local authorities and what was collected. As a result, data which could be compared across time are lacking. As a whole, however, the main elements of the contracts were left relatively unchanged legally although it emerged that adjustments to these were made particularly at the end of the contract period. Support from the commissioning local authorities was considerable, ranging from providing free or subsidised premises, Human Resources (HR), legal advice, training and IT support. Many of those working in the SWPwAs expressed their appreciation of close personal and professional support from local authority managers. The matter of regulation was one area that did not vary across pilot sites and was rarely mentioned in the interviews; nonetheless it may assume greater importance in the future.

Requirements for performance data

There are many data requirements in local authority adult services; some being national requirements and others which are locally determined. In recent years the main national requirements relating to social care experiences have been captured by the Adult Social Care Outcomes Framework (ASCOF), which is collected by means of surveys of users and carers. The differences in the requirements about the type of data recorded in assessments, reported in Chapter 5, were reflected in the variations in the performance data that SWPwAs were asked to collect.

At the start of the pilots there was some expectation that part of the flexibility of the SWPwAs might be that they could select or modify ASCOF returns. As one consultant reported, their SWPwA was working on revisions to form the basis of a new or revised outcomes framework. This remained 'work in progress' as the changes needed to be thought through and discussed at various levels of the organisation. In late 2013 this SWPwA had produced a discussion paper on performance that reviewed a range of performance domains, potential measures and collection methods for the SWPwA in light of the measures currently being worked on. At this stage the community and employee domains were not yet in place but there were hopes that this would be put in place by April 2014. These would of course lead to the risk that the data would not be comparable to other areas and had yet to be addressed with national data collection bodies.

However, in one SWPwA there was confusion about what was required and the manager felt largely passive in the face of changing demands:

We asked first of all what statistics they (the local authority) want us to keep and what do you want us to keep and they couldn't tell us what. But every time it's like they will come to you (us), we want to know how many of this you have done and how many of that you've done. It's like they are making it up

as they go along. That's fine, because it's a pilot project. We haven't kept this information. We can go back and root it out. But we haven't specifically kept it.

But I don't know as the local authority could do anything about it. I don't think that's just this local authority. When we spoke to (another SWPwA) about it, they were in the same situation. I think that was quite comforting to know that it's not personal. (SWPwA manager Time 2)

For another SWPwA this matter was becoming a source of tension and they protested:

The paperwork is phenomenal. We had to give them all this It would take half a day a week and (local authority manager is) telling me things that I should be doing and I am rushing off and trying to do that and I think, why am I doing it? (This person has) given me their views how things should be run. That is not what an independent company is about We are not an annexe to social services. (SWPwA manager Time 2)

Accountability and balance of power

In this section we report findings on accountability, as broadly interpreted by interview participants. It was not always easy to distinguish their views from legal responsibility or moral responsibility when raising the question of to whom the SWPwA was accountable and how they negotiated managing the balance of power and autonomy with the commissioning local authority.

From the points of view of some local authority managers there were complications because a SWPwA was (mostly) contracted to provide a statutory service:

If we didn't do the contract monitoring, who would ensure the service is maintained? Who would ensure that our statutory duty is - it's not like another service in adult social care, because it is a statutory function, the council, even though it's delegating it remains responsible Let's say something terrible happened and some piece of work wasn't done and somebody was harmed - the council would be responsible, and they (the SWPwA) would be accountable, but ultimately it would be the council who had to answer. (Local authority manager Time 2)

This local authority commissioner had experience of managing a complaint about the SWPwA and revealed how difficult it was to disaggregate the responsibility of the local authority from the SWPwA's responsibility. The local authority did not have any guidance to rely on from a national source and the SWPwA did not have a legal department to offer it advice or to address legal implications arising from the complaint or other matters:

It's the legal requirement, so we have to make sure that the standards are met, really. The council would be accountable. For example, if there was a case, for example that went to the Ombudsman or something like that it would be the council would be held to account One example, we have a corporate complaint system and SWPwA have got its own. But often, people

know they've been dealt with by SWPwA, but they still see the council as the main provider. I can think of one person at the moment who isn't happy, mainly with the funded outcome. They made a complaint to the council and we then put it on our complaints system, because that's what we do. We asked SWPwA manager to look into it who did the response to them. But still it's the council that they come back to if they are not happy with that. (Local authority manager Time 2)

For the SWPwA this raised the need to develop policies and protocols around many different areas, counter to some desires to remain 'flexible' and free from procedures. Another SWPwA manager observed that their current situation was shaped by having only one key contract or one purchaser of their services. This had its advantages but also its disadvantages in terms of the power relationship. In some areas there was unlikely to be another substantial purchaser so the uneven relationship of purchaser and provider was likely to reflect this.

It's very hard to say, no, because contractually that's our supply, our life. I would say that to make this work, particularly in the position that you are in if you've only got a one contract with the local authority, that there is a very fine line about having an equal partnership on how that is done. (SWPwA manager Time 2)

In another SWPwA there were tensions about what was required and what scope there might be to negotiate with the commissioning local authority on reporting requirements and expectations:

I think there were some that resisted to allow us to operate (as) independently as possible. What I said was, at the last contract management review, was that we looked in the service spec and said—we identified these are the one thing we've got to measure. All the others were more information and we are not going to give it to you. We will just concentrate on the contract. (SWPwA manager Time 2)

Similarly, a local authority commissioner emphasised the politics of the local areas in referring to the influence of the views of local councillors and suggested that risk applied to many parties and was of different types.

However, from the viewpoint of the local authority more corporately, risks needed to be managed and where there was a lack of confidence in the leadership of the SWPwA then these risks caused concern:

Ultimately, whether this is a commissioned service or not, the buck stops with the local authority. I can't lose sight of that and certainly our members (local councillors) aren't going to lose sight of that. There is still an umbilical cord to the local authority. We will support and we will guide and we will question, because actually this is a risk for the local authority. Getting this underway was not easy, because the council members and local politicians, probably all politicians, like to stay a bit in control. Once it's out there it's

out there. Your control is through your commissioners. And actually that's a very new one that we are going into anyway. They (the local politicians) still don't quite understand the governance thing about it. (Local authority commissioner Time 2)

SWPwA managers, in turn, felt personally vulnerable if things were to go 'wrong', in a way they had not when local authority employed:

You haven't got, you know, a local authority to fall back on (so it) has been quite immense it's the emotional sort of risk if something had gone wrong it would have been us in the Coroner's Court and not the local authority, because they'd commissioned us to do this work and why haven't you done it? Worried about getting backlogs and worried about managing complex cases. We've been involved in four or five 'vulnerable adults' (safeguarding cases) that have been quite difficult issues to manage. (SWPwA manager Time 2)

Satisfaction with support from and continued use of LA facilities

SWPwAs remained dependent to a considerable extent on local authority resources. Precise areas of support and infrastructure were being worked out 'as and when' required by the smaller SWPwAs:

I think the most difficult thing was IT systems and not having IT support. Basically I've relied on my partner (LAUGHS) It's so easy when you are working in a local authority and can ring the 'help desk'. (SWPwA manager Time 2)

Larger SWPwAs needed to establish clearer processes and all were dependent on their commissioning authority for vital support, including HR, mandatory staff training, legal advice, finances, funding and upkeep of premises, and IT and data protection requirements:

The central business unit at (SWPwA) manages things like Human Resources and they can get outside help if they need to IT is still outsourced through the (commissioner) and seems to work well. (Social worker) thought it was good that they still had 'the safety blanket of the (commissioner).' (Notes from interview with SWPwA social worker Time 2)

Even practical things from the business side point of view, we have to rely on the council, because they do our IT and things like that and trying to get people on laptops and all the data protection. (SWPwA manager Time 2)

We've still got a lot of contacts within the council that we still go to for quite a lot. I think that would be really hard to not do that. It would be huge if that was no longer accessible; we would be a bit stuck. I'm sure there is other ways of getting it. (SWPwA social worker Time 2)

All SWPwAs were using the host local authority's Human Resources (HR) services, e.g. to pay salaries and employment contracts, apart from self-employed SWPwA

social workers. Generally, the local authority continued to have payroll functions and invoiced the SWPwA quarterly for this cost, although one SWPwA invoiced the local authority for its staff costs including wages. Annual leave allocation and administration were taken on by one SWPwA, but not the scheduling of staff performance reviews, and negotiations were underway to discuss the links between systems of performance reviews, objectives settings, and pay rises or increments. In another SWPwA the local authority retained the management of sickness absences but disciplinary matters passed to the SWPwA. One SWPwA had taken particular interest in sickness levels and was implementing more accurate recording of sickness levels (slightly above national average levels not counting long term sickness leave) and was setting targets to reduce these and taking part in health promotion activities for staff. Overall, early engagement of HR departments with an initiative such as a SWPwA was viewed as essential by the commissioning local authorities.

All SWPwAs were still using the local authority IT system, entering data directly, and although most described this as cumbersome, they also found it difficult to envisage carrying out statutory social work without this shared access to data with other local authority departments and teams, as described by one pilot lead:

We are still using their IT system, because we have a duty obviously to record I don't know what will happen in future, because we will still have that duty if you come away from that system entirely you, if you have got a new customer and you need to look up their history, you can see where there are warning indicators on there. Safeguarding is important if you haven't got a system in place. (SWPwA manager Time 2)

For one SWPwA there had been prolonged uncertainty as to whether the pilot or the commissioning local authority should provide particular resources, causing delays:

In resourcing the SWPwA we expected there would be more social work, OT and admin in (the organisation we commissioned to run the SWPwA), we thought all this would be on site in November 2011 but it took 9 months to get this staff in place. (Local authority commissioner Time 2)

We went a long time without admin support... the amount of phone calls we were having - and in fact, at one point (colleague) had to record all the calls it was based on her information recording that we were then able to go back to (local authority commissioner) and say, 'look, there is an argument here that we need to have someone'. Certainly the first significant few months were about not being fully staffed and not having admin staff, not having things in place. It was always like we were going back all the time to the (commissioners) and saying, 'well can we have this?' (SWPwA manager Time 2)

For seconded staff, informal relationships between SWPwA leads and their local authority contacts, established whilst still colleagues within the local authority, were

often as important as the formal contractual arrangements regarding use of resources:

I also support (pilot manager - X), I supervise X I see X every month . Obviously, there is informal contact between that. (SWPwA) relies on our business unit for quite a lot of administration And our administrator does an awful lot really still for X They still use this building a lot for meetings I book the rooms so there is still quite a lot of dependence on (local authority) in that respect Their budget is administered through my business unit, so, if that didn't exist, if (SWPwA) was like any other provider out there they would have to have their own system of raising purchase orders, invoices. (Local authority manager Time 2)

It's very much, 'we know you and we trust you and you've done this for three years' it's quite formal in terms of contract monitoring and the database support the accountancy support has been formalised. I think some of it does get down to personalities and people who know me and I know them and *vice versa*. Maybe if they leave it might be a bit different Personnel might make a big difference. (SWPwA manager Time 2)

One local authority manager summarised the interdependence between SWPwA and local authority as characterised by '*quite a lot of faith and give and take*' (Time 2). There was still much to resolve:

And also to try and work out what percentage of my—if they are fully fledged...as I was the line manager and now I am no longer the line manager is that replaced by a commissioning role?... It's when you try and have some of these contractual discussions they are quite mind boggling, really, not straightforward. (Local authority manager Time 2)

Most SWPwAs had not had to purchase independent legal advice relating to their statutory work, but this would have to be purchased if not available from the local authority:

We go back to the council now for that, because we obviously we are still within (local authority). It's cheaper to do that. (SWPwA social worker Time 2)

However, there had been considerable investment by SWPwAs in legal advice regarding their own organisational and business development; many felt this could have been addressed by a pooled legal resource for establishing SWPwAs.

SWPwAs differentiated administrative and business support, with one SWPwA manager reporting that everyone had to do their '*own administration*' but that they made use of lawyers, graphic designers, and consultants, as well as having support with '*administration*' meaning data and reporting requirements. In one area the local authority met all postage costs but staff had to print letters at home and take them to local authority premises to be franked in the local authority post room. There seemed a fine line in what was described as the right level of support and contact with the commissioning local authority. In one SWPwA contact had been daily to start with,

but had then declined. Staff here emphasised the necessity of *'good communication'* with the local authority which had later developed into *'keeping in touch.'*

Regulation

In their early days none of the SWPwAs or the commissioning local authorities envisaged relationships with the Care Quality Commission (CQC). It was generally thought that the CQC would continue to regulate and inspect the local authority although inspectors might meet with the SWPwA staff. (For the SWPwA that was already operating as a Trust these observations in this section do not apply as there were different regulatory arrangements from local authorities prior to the SWPwA planning.)

During the setting up of the SWPwAs social workers began to be regulated by the Health and Care Professions Council (HCPC) instead of the General Social Care Council (GSCC). This did not appear to have had any impact on the SWPwAs.

At Time 2 interviews the situation did not appear substantially different but there was less certainty. Three pilot leads described being unclear what the inspection or regulation regime would be for them, but had had no contact or discussion with the CQC or their local authority commissioners about this: *'I keep wondering about that. You know, I'm not 100% clear of the CQC role in terms of social enterprises.'* (SWPwA manager Time 2)

Another pilot manager described how the CQC had recently been inspecting the local authority and that they thought that they might have been contacted and so had made some preparations: *'We've got everything prepared and we are just waiting .we weren't contacted.'* (SWPwA Manager Time 2)

One local authority commissioner observed that beyond the pilot stage there would be considerable work for the SWPwA to prepare itself for any substantial CQC inspection:

If you (SWPwA) were going to be registered with CQC, which they are not at the moment, but hey, every other provider is. That could be along the line if it goes beyond next year. Imagine what you'd expect. You need to have the same things in place. You need to have all your policies and procedures. We have got those. But things like supervision, I would want to see your notes and make sure they are happening with each person. Make sure that you have got professional development training plans. Make sure that you have got good risk assessments. Make sure that people aren't overloaded and that they feel supported, blah, blah. I think they (SWPwA) found that a bit challenging sometimes. (Local authority commissioner Time 2)

Overall the SWPwAs seemed content with the current uncertainties as they had other more pressing concerns. Greater clarity would be helpful for the future and the CQC might wish to consider developing some guidance in its new operating plans.

Summary

The emerging status of SWPwAs meant that existing commissioning and contractual relationships between local authorities and social care provider organisations were not an exact model for the relationships between SWPwAs and their commissioning local authorities. In some instances, support for SWPwAs from commissioning authorities was considerable and some local authority commissioners suggested that responsibilities for the quality of service provided by SWPwAs would ultimately continue to lie with them. An emerging issue, especially in light of the new Care Quality Commission (CQC) inspection systems, was the extent to which SWPwAs would be inspected separately by the CQC or would be part of their scrutiny.

Chapter 8: FINDINGS – Stakeholders’ engagement and perspectives

In this chapter we preface the findings reporting service user and carers’ views in Chapter 9 by presenting the results from interview data with other stakeholders of the SWPwA pilots, some of whom were user and carer representatives. We also present SWPwA managers’ and staff members’ perceptions of working with local stakeholders. Our definition of stakeholder covers voluntary sector groups of users and carers and NHS commissioners and professionals. None of the SWPwAs were working to any great extent with providers of residential care services and so this sector was not included as stakeholders, although some comment is made on SWPwA engagement with care homes.

Interviews with stakeholders took place at two time points; however, the same participants could not always be interviewed again owing to service reconfiguration, service closures, or job movement, highlighting another methodological challenge in this Evaluation. This chapter starts with stakeholders’ views from the voluntary sector, then moves to the NHS local stakeholders, followed by brief mentions of engagement with care homes, and concludes with reports from other disparate contacts, using indirect evidence from the SWPwAs about their role as signposting or referrers to other sources of support.

Views on the SWPwA initiative

Potential for joint working or competition

For some NHS and voluntary sector participants it was still ‘*Too early to say*’ (Time 2) if the development of the SWPwA would impact on their work. This was not surprising in the pilot that started much later than the others, where one voluntary sector organisation aspired to be ‘*Hopefully increasing our relationships and work with them with possibly more joint working, more contracts*’ (Voluntary sector representative Time 2).

In another area, the voluntary sector was a major provider of social care services in the community and saw the SWPwA not as a competitor or rival but as a potential new source of income and sub-contracts. This participant knew the SWPwA senior managers well and was ready to work jointly in enterprises:

We also have contact with practitioners in relation to our personal assistant support service, and regular communications and requests from the people working in the SWPwA around the delivery of those. I was involved in an early workshop that was looking at the organisational form. I talked to their business development manager a few times about the form of it. I’m aware of and involved in various discussions about (it). It has a diverse board that includes community members *et cetera* – it’s early days to say how that’s working. I’m particularly interested in different models of community engagement and staff engagement, which I think the SWPwA is interested in

too, not just engaging with board members (Major voluntary sector provider Time 2)

However, in other sites such aspirations were tempered by concern over possible conflicts over recruiting from a limited pool of volunteers locally and potential competition for contracts. However, this sense of threat was not expressed by all voluntary sector groups. In one area the SWPwA pilot had not impacted on one key voluntary sector stakeholder, who was impressed by the SWPwA's volunteer recruitment and did not feel this constituted a threat to their own pool (Voluntary sector group Time 2). In contrast, one SWPwA manager was conscious that their own work could soon be seen as competing with the local voluntary sector:

They have got equipment that they sell. I'm sure they are thinking about whether we are going to move into equipment and that (SWPwA manager Time 2)

In many sites the voluntary sector was large but might also be under-developed or under-resourced and this too affected joint working and engagement. The manager of one specialist SWPwA commented that, over time, voluntary sector organisations for one disability group had reduced in number and activity whereas for other groups they were currently thriving:

There are lots for people with X and there are very, very few for people with Z. We have recently made a very good contact with a national body for Z. We are doing some work with them. The local, the very local voluntaries, we have a relationship with, for example, I went out and did some safeguarding training with their community workers, as a goodwill gesture really, and also I was really concerned they'd never had any. But they do tend to be slightly old fashioned in approach. It makes it quite difficult. They are very precious—their resources are getting harder and harder and harder to get and I understand that. (SWPwA manager Time 2)

Where a SWPwA had a focus on a specific client group and offered them a specialist service the local voluntary sector groups were highly appreciative about the stronger joint working this often enabled between organisations:

I can only see the added value of having someone with a specific remit and (who) therefore can come along to training days I've noticed that the phone calls about cases, the liaison because you've built up that contact with them it is both the service users and us professionals that have that ease of knowing the individuals, and them knowing us and how we work. For me that makes a big difference about how I can work with someone and the holistic nature of the care someone receives – that can only enhance somebody's care. One of the team rang me to see if we could provide assistance – that she knows to ring me meant that help will come much quicker. Another social worker might not know about us or think to ring us. A much more streamlined way of working. (Voluntary sector group supporting specific client group, Time 2)

In this site the voluntary sector had been approached by the local authority to see if it was interested in hosting the SWPwA but had thought this level of contract was beyond their expertise. They were therefore better informed than most about the SWPwA contract and remit. However, while they saw a marked improvement to services for their users, there was concern about the future:

What happens when the pilot ends? People's expectations have been raised, and how do you ethically deal with that? (Voluntary sector group Time 2)

No clear difference

A voluntary sector stakeholder in another locality where the SWPwA offered a specialist service, in which a team had moved from the local authority to the SWPwA, remarked on and welcomed the continuity rather than perceiving any shift in working jointly with much the same team in its new guise as a SWPwA:

No. It is the same team, working from the same office. I am dealing with the same social workers that I've always dealt with. I think we were always quite lucky here, because it's a specialist team. It works really great and it's quite small. Elsewhere with social services you are dealing with such a big team and you just phone the (call centre). (Voluntary sector group Time 2)

Mutual dependency

For some of the specialist SWPwAs their engagement with stakeholders was mutually beneficial. In one SWPwA the social workers were able to draw on the resources of the voluntary sector to obtain items that were not otherwise affordable. When one social worker was asked that if somebody needed something that would not be funded by the council would they be able to suggest that the community voluntary group access some of its own funds they responded:

Yes. We've done quite a bit of that, really. There is a lady I'm seeing this afternoon, she was driving and her partner hadn't passed his test. So it meant that she was in the car all the time. Got quite exhausted, really. So I went to the (specialist voluntary sector) group to ask about if they could provide any monies for him to pass his driving test. They did that. I think through the project we've learned that, yeah, be a bit more proactive at what the voluntary agencies can actually do. (SWPwA social worker Time 2)

It was also the case that some voluntary sector groups were asked by the SWPwA social workers to help develop their skills and knowledge. One voluntary sector representative outlined how they had offered timely advice about a specific long-term condition and that this seemed to have been both very well received and to have been effective:

(SWPwA) had a big caseload from the beginning. They were very interested in working with us as none of the workers had any specialist expertise on our service users' conditions so we've given them a lot of training and support to share that expertise. They have organised regular steering group meetings,

mainly made up of professionals and perhaps a couple of service users. Different people come to different meetings. We've been talking about looking for future funding and developing the project further. We've offered them training about social care for our service users and advised them about other organisations and disciplines to work with – so I gave to them all my networks to build on. They've built quite good networks with health professionals and other voluntary groups as well (Voluntary sector representative Time 2)

Another voluntary group felt that they too had played a useful and proactive role in the early days of the SWPwA:

I was very keen to meet the people involved in the project (the SWPwA) as soon as possible and to do some awareness raising, and then involve them in any training that was coming up and have them attend the multi-disciplinary team meetings. All those have happened so I feel I've played my part and made those links and helped the workers find their feet. In terms of forging those links; the communication; introducing them to different meetings; training – all that has been positive (Voluntary sector group Time 2)

In this site members of the voluntary sector were members of the SWPwA steering group and generally felt that the SWPwA had involved them in their activities. Another voluntary sector representative seemed to see their presence as an element of local accountability:

Since last year, I've sat on the (SWPwA) steering group – we meet every three months and get feedback about how the project is going. (SWPwA) are doing drop-in sessions at the twice weekly sessions we hold. They are working very closely with us and the clinical commissioning group. (Voluntary sector group Time 2)

This was exceptional and may have been connected with the early efforts for the voluntary sector itself to take on the SWPwA contract. In other SWPwAs there was less mutual interdependency and seemingly far less contact. For example, one interview with a voluntary sector worker (P) in the site of a large SWPwA captured these comments:

Since we last spoke P has not really had much contact with (SWPwA) and still felt that they knew very little about them. The project manager of (SWPwA) had extended a number of invitations to P to come and visit the project and meet the staff but it was only recently that P had found the time to do this (admittedly it was the prospect of my evaluation visit that had prompted P to get round to doing this). In terms of the future, P knew that (SWPwA) was to be extended but very little of the detail. (Time 2)

In another site the frustration of one representative of the voluntary sector was evident as they felt that they were not being consulted and were simply informed of developments:

We are still pushing for (SWPwA) to use the forum to consult on future changes, not just to report changes after the event. I've asked (SWPwA pilot lead) to produce written reports to provide information, but also to highlight issues that need to be consulted on beforehand. But of course they have big agendas to deliver on and develop new business so...We have representation on the steering board of (SWPwA) and continue that involvement and feed issues in and get answers back, so that's helpful. I'm not aware that they do engage with other agencies. They obviously did with their community forum event and involved organisations that I work with, but I don't think there is regular dialogue. (SWPwA) has started producing a newsletter – the second issue was after a gap of six months – it could be more often and they need to ensure it is well distributed across the voluntary sector. That would be helpful (Voluntary sector group Time 2)

Some early problems appeared to be becoming resolved with the passing of time, as the SWPwA matured, in the view of the voluntary sector representative in another site. This voluntary sector representative had been proactive in contacting the manager to express their concerns:

Initially that communications connection didn't happen easily from their side so we took that to (SWPwA pilot manager) to make that happen. Perhaps there was professional misgiving by a senior social worker to work with the third sector, but that was dealt with quickly and now works well...I know that they have contact with workers from other agencies, for example, if people need food parcels. My view is that (SWPwA pilot lead) is able to be more responsive and decisive about collaborative approaches and joint funding approaches. Whether there is reduced bureaucracy that enables (the manager) to make decision quickly, we've noticed more positive communication and more responsive reactions. (Voluntary sector representative Time 2)

It is of course sometimes difficult to distinguish between working with the voluntary and wider community sectors, but there was only a small number of mentions of the wider community sector (the faith sector was not referred to in any interviews). By community sector the SWPwA members of staff seemed to be thinking of clubs and social centres and some community groups based on ethnic or other identities. One SWPwA with a particular interest in community resources considered that these were important but observed that it took time to build up links:

I think in terms of our community work as well, because it's taken time to build those relationships. I think now that we are outside the council, I think there is probably quite a bit more trust with communities. I think that's evolving. I think that basically, again, it's about establishing ourselves as being independent and really educating people about what the difference is now. (SWPwA manager Time 2)

Working with the NHS

Little or no change

We asked NHS and voluntary sector stakeholder organisations' representatives if they knew what their local SWPwA was doing to involve other agencies beyond their own. Four NHS respondents said that they knew nothing and one did not feel well informed:

My involvement is incidental. I have a feel for what is going on, but not much more than that. (NHS commissioner, formerly Primary Care Trust (PCT) later moved to Clinical Commissioning Group (CCG) Time 2)

Another NHS participant felt rather disengaged and thought that public health colleagues had little interaction with the SWPwA:

I was asked to go on the (SWPwA) Advisory Group just before the last (Evaluation) interview. I attended the set-up meetings a couple of times but I haven't sat in on a meeting for a while. They were considering their business and processes. They haven't called upon me for anything since then. Some of the (SWPwA) staff sit on my group to share public health information and champion my work, and feedback on our health and wellbeing strategy. Contact with (SWPwA) is minimal now I might have been the only health (NHS) person on their advisory group... We have an e-bulletin that goes out monthly to a spectrum of organisations across sectors so makes no difference whether they are part of the council or not – they can be part of that. I don't think anyone I work with (in public health) is actually aware of them. (NHS public health specialist, Time 2)

In another pilot site, an NHS clinical consultant working long term with several of the clients of a SWPwA noted that liaison with the team remain unchanged and there had been no benefits or problems arising from this shift in service. The consultant speculated:

Had I known about this change beforehand, my instinct would have been to be a little bit worried. Independent organisations in any capacity I would feel slightly different about. It's hard not to view them differently. I know in the NHS people do have the luxury of thinking about the patient's needs, but in the independent sector there may be a need to look at the balance sheet. I view social services and NHS as being 'safe' as there is a familiar organisational culture. You know where you are with them but you don't know where you are with an independent organisation (NHS consultant, Time 2)

A local authority commissioner also reported that the local health sector was '*not interested*' which was surprising in this pilot area because some NHS money had been provided to help start the SWPwA:

Initially, getting that funding was quite reasonably easy to get, because of the funds that were available at the time, although it was agreed at the exec

board, the exec group board to come out of what's called Innovation Funding via the localities, because they each had a funding pot. We had three localities one of the localities took particular interest. But the other two have been quite, I wouldn't say dismissive Not very interested in it at all, despite communication going out to them and attempts to engage with them. (Local authority commissioner Time 2)

In the SWPwA which had started late in the pilot initiative, there was a complex relationship between social care and the NHS. While this meant that there were shared premises and some joint working at the start of the pilot period unconnected to the SWPwA, at the end of the Evaluation the co-location of social care and NHS had been terminated and the social workers in the newly emerging SWPwA were now in separate premises and links with the NHS were declining. As one of those interviewed at senior level commented in this pilot, theirs was a '*pretty unusual*' arrangement and legacy. Another senior manager expressed major ambitions for new work with the NHS, to the extent that the SWPwA might be tendering for some NHS provision and predicted:

things like Continuing Health Care will expand within other Social Work Practice pilots and that the role of micro commissioning with pooled budgets could be important for them all. The role of (the SWPwA) and the managing director in particular would be ending up as a social work advisor on the Clinical Commissioning Group (CCG) and that would be very beneficial and would help strengthen the social work presence on the CCG, because there were interests in common there in primary and in social care and that would empower both in relation to what was happening in the hospitals. (Time 2)

SWPwA views on engaging NHS stakeholders

In some SWPwAs the staff described difficulty in engaging with local NHS services both in wanting them to act as local stakeholders, but also in care and case management and inter-professional working. In one pilot a SWPwA manager was asked if the NHS was represented on the steering group:

No, we've invited them but they haven't been. We've, we are, if you like the linchpin between everybody. And so we go to the specialist nurses' meetings and give them updates about what's been going on. I think, it's—I suppose it's been a difficult time with local authorities having to reorganise with the cutbacks in their budgets the same with health. (SWPwA manager Time 2)

In another large pilot the SWPwA manager had tried different ways of encouraging NHS involvement at more strategic level:

We've got a director on the Board who is quite involved and on some of the committees I brought two health people on the Board who are really good. The only problem is, they've only been on for about five or six months. They've been really busy, but we were really going to use their contacts and skills to develop more in health. We were trying to key up for that. I think

health is important for the future I'm sure there is a lot more that could be done there. (Time 2)

In a very large SWPwA, similar attempts were made to engage with different parts of the NHS:

We had some really good contacts. Nobody has actually, if we've rung up agencies and said, can we signpost you and can we do—no-one has ever said, are you not going to do it? We've actually got a list about this long of agencies that have been working with us and certainly in the first 12 months and actually more recently than that, we, as part of the progress of the service, we were inviting different services in to talk about what they do. Part of the learning set for the staff, but also to build those links really with agencies. (SWPwA manager Time 2)

Overall, it seemed much easier and more productive for SWPwAs to build up relationships with NHS colleagues around specialist support for individual users. Here relationships could be mutually beneficial and user-centred:

With the (SWPwA) being specialised to that group of people, it's really helped with regards to building relationships with healthcare professionals, with carers and different organisations across the patch. (SWPwA social worker Time 2)

Major improvements were reported by this SWPwA in their relationships with specialist health professionals who were working with the same group of service users:

We've continued to liaise with them and I think we've broken through some of the barriers where they were pushing us away and they are now, well quite openly contacting us for joint working and sorting situations out. They are making referrals to us (SWPwA manager Time 2)

However, in other SWPwAs where there was not a client or case focus it seemed harder for the staff to establish what they were doing:

Yes, there has definitely been issues. I suppose in health just for people to understand how we are different now to what we were before. I think people have, yes, we've had to explain what we are doing now and how we are doing it and why we are doing it and the fact we are still commissioned by (the local authority). It's a different way of working, really. That takes time. We've (now) got very good links with these two nurses that often come out with us. They take people's blood pressure and it has been really good aspect. (SWPwA manager Time 2)

One way in which a SWPwA was making inroads in working beyond individual case work to more of a public health approach was to find a local priority that they could assist in addressing. One SWPwA manager thought that this might be happening at

the time of the Time 2 interviews with plans to get involved in a specific health screening programme that would address health inequalities:

Sometimes it's quite difficult for us to figure out how that would work for us. Over the last couple of months, we've started to think about it a bit more. We are just about to do a piece of work with Public Health and that's around their health screening programmes that they realise that there is a lot, awful lot of customers that they don't meet. (SWPwA manager Time 2)

Another example included working with Winter Pressures one-off funding. For most SWPwA members of staff it was still a matter of perseverance to build up relationships with NHS colleagues. This length of time needed – even in a SWPwA with a specialist or case management approach for people with long-term health conditions, many of whom had health professional support in addition to the general primary care team – suggests that this should be taken into account in tenders and contracts:

I feel it's taken us 12 months, really to get comfortable with the processes and understanding what's happening. I think what we have been quite successful with is and which has taken a while to get in touch with the specialist nurses and building on that relationship. So we've kept plodding away with that, because we know how busy they are. It's been really hard to get a one to one meeting, which the commissioners pointed out to us at the beginning of the project that they were trying to get this project up and running, but couldn't really get the commitment from specialist nurses. I think that's because they are so busy and bogged down in their own stuff. But, yes, we've plodded on with that and we've actually now got some dates. We turn up to them and we have thought that's the best thing and just go to them and get their times when they are available. And yeah, they recognise in the support that we are getting from each other. I think that's been a big success. (SWPwA manager Time 2)

Care home engagement

Only two SWPwAs reported engagement with care home residents although others may have had contact with people considering this option. Their engagement took the forms of undertaking reviews of their care arrangements and of providing information to residents who were self-funding and therefore did not have contact with the local authority. The SWPwA staff conducting reviews had not seen it necessary to explain their roles in detail to staff as their level of contact was so limited. When asked what care homes thought of the SWPwA, one participant explained:

I've done quite a few reviews in the care homes. When people know who we are and what we are doing, they are fine. A lot of the people knew us from before, anyway. But a lot of people still don't know who we are. (SWPwA social worker Time 2)

A manager made a similar point from another site:

I haven't done a lot (of visits) personally in residential. But I know (colleague) has been out to see a couple of people. I don't think they've (care home) really taken a lot of notice. We are just a social worker, aren't we?
(SWPwA manager Time 2)

In the SWPwA holding information-providing events in care homes our observational data did not reveal much engagement with the care home staff that would have enabled them to have followed up any queries (see Box 3).

Box 3: Extract from Observation of a Social Work Practice Community Surgery June 2013 in a Care Home

The care home receptionist was not aware of a meeting taking place that day. Luckily the Administrator overheard the conversation and he confirmed that there was a meeting. Prior to the meeting, the Senior Social Worker (SSW) of the Social Work Practice said they were expecting approximately 7 residents to attend the meeting. However, only 4 residents attended.

The SSW thought that residents paying their own fees at this care home may not be aware of services available to them in the local authority. Therefore, the purpose of this meeting was to share information with the self-funding residents. The meeting consisted of eight people including myself, as observer, and 4 residents. There was also another observer, a social worker from the local authority (the purpose of his observation was not explained to me or any of the residents).

The chair made introductions and informed the residents that the SWPwA was there to speak with the residents who are self-funding so if there was anything that they would like to discuss then this was the opportunity to do so. The SSW took the lead and chaired the meeting. The agenda was outlined as consisting of Adult Safeguarding, talking about how they are doing, social groups, information on dignity in care, support from the local authority.

The SSW started by explaining that she would talk a bit about safeguarding. She handed each resident a leaflet and informed them that the council has a responsibility for protecting adults in the community and in care homes. So if anyone was experiencing any kind of abuse and/or worried about it then they could contact the council.

The SSW then told the residents that if their finances were going down and were not meeting the threshold then something might be done. She then looked at the other SW and asked her colleague how much it was. The other SW then explained that if their savings were below £24,000 then they could

be eligible for support from the council. She explained the procedures – that the residents could contact the council who would send a SW to assess their needs.

She reiterated that as soon as their finances dropped below £24,000 they could receive help from social care. She also told the residents about making an independent enquiry through the free benefit checking service in the local authority. The SSW asked the residents if there was anything that they would like to discuss privately.

Resident 1, 3 and 4 said no and left the room with the three leaflets that they were given. Resident 2 returned two of the three leaflets that she received – the free benefit checking and the dignity in care leaflets. Resident 2 asked if there was anything else to discuss. The SSW said no. Resident 2 then asked if she could leave. She politely said goodbye and left.

End of the surgery. Duration – 10 minutes.

Working with other parts of the local authority

While the interview findings generally related to contacts in the voluntary and health sectors the SWPwA also had to work with other parts of the local authority. We observed that they 'signposted' people to other sections of the local authority such as welfare rights offices if these were 'in house' or made contact with social housing or children's services. In terms of working with former local authority colleagues the arrangements for doing this needed to be newly negotiated but some participants felt that this did not represent a major change:

I think people are aware of (SWPwA), but because they always were a separate specialist team, it probably hasn't had a hugely significant impact. (SWPwA manager Time 2)

As noted in Chapter 4, because most of the SWPwAs were still working with local authority systems, such as IT, it was not always clear to former local authority colleagues that they had moved:

No, because it's the same process. It's done on the computer. You just send (an email) it the same way you would from the council. The only thing is, I don't know if the telephones have been updated, so often people say, I've been trying to contact you for ages and your number has changed or sometimes they send emails to my old email address. (SWPwA social worker Time 2)

One particular SWPwA, with a contract to inform 'hard to reach' members of the public about local authority and other local services, made use of local authority group settings to do this. They negotiated access to their service users with the managers of sheltered housing schemes and day centres (observational data). Many of those they gave leaflets to or talked to in such settings were, not surprisingly,

already engaged with local authority services and some of them already had a social worker and were in receipt of social care services paid for by the local authority.

Summary

This chapter has considered the SWPwAs' relationship with other agencies in their localities. It has shown that time is often needed to build up relationships of trust or even mutual benefit at the level of work with individuals. The voluntary sector saw themselves as stakeholders in some areas and seemed confident in this relationship; however, they were aware of the potential for competition and threat. When acting as representatives of specific client groups the voluntary sector advocated strongly for the specialism and human resources of the SWPwA whom they felt were effective, person-centred and approachable. NHS engagement was far less even; it may be that NHS reorganisation pushed this new activity well down the list of priorities. The picture of stakeholders supporting the SWPwAs has to be modified by the limited engagement of many local agencies and the key finding from this chapter is that building such relationships needs the time and commitment of senior staff, which would need to be recognised in any contract.

Chapter 9: FINDINGS – Service user outcomes, satisfaction and involvement in shaping services and wider volunteering and community engagement

In this chapter we describe the SWPwAs from the perspective of their users and report staff views of user and wider community engagement with their services. However, as we have described in Chapter 1, the varied nature of the pilots meant that being a ‘user’ was not evenly defined or experienced. How to compare, for instance, someone given an information leaflet with another person whose statutory assessment and care management was undertaken by a member of staff in a SWPwA? How to compare someone’s experience of a SWPwA as part of a short term reablement service with someone who has had life long experience of social workers, at times in long-stay care, and is revising their care and support arrangements with SWPwA staff? We have done this by careful note of the level and type of engagement acquired in interview. This chapter draws on interview data with 38 users and carers to report findings about outcomes and satisfaction; about user involvement in the SWPwAs, to present some of the very small instances of users being volunteers or peer supporters; and, about more general community engagement, such as use of volunteers attached to mainstream voluntary and community groups.

Service user understanding of SWPwAs

Most service users interviewed had no views or understanding of the SWPwA as an organisation. Our interview with ‘J’ was typical in this respect:

Interviewer’s notes: J did not understand anything of the organisational background to (SWPwA). She did not know anything about (SWPwA) and did not have a view beyond this.

Another of those interviewed expressed concern that there were no ‘offices’ to visit:

I don’t know much what they offer, actually, like I said, I don’t really know them. I’ve never been to see them personally in the office. I just got in touch with them shortly after my notice of eviction. That’s when I had someone calling from (SWPwA) I think they offer a little support in the background. They are not visible, that’s the thing. It is not visible. There is no signposting. Can’t go anywhere and see (them). That is the only thing. As far as I’m concerned, they give help. It means something, especially when you are in trouble like I said, I was going to be evicted and I thought it was social services, actually.

The interface with social services was unclear to many others:

It’s an organisation similar to social services, isn’t it? they do the other things that social services don’t do... I feel that SWPwA would help you. I do think that, yes I don’t know if it’s paid for by the government, is it? Being paid for by the government or is it extra? I don’t know who pays for SWPwA.

Others had been told explicitly that the SWPwA was not 'traditional' social services and social workers:

RES 1 They like to be called support advisors rather than social workers

RES 2 I don't like the word, social services.

RES 1 A stigma to it.

RES 2 I don't want that.

The nature of the relationship between the SWPwA and the local authority appeared confusing to those who had considered it or were asked to comment on it in interview. The following comments were made from service users from three different SWPwA pilots:

Yes, they are paid for by (local authority) but (it) cannot tell them what to do. They make the decisions about who to pay for.

Sorry, I didn't know that. Can you say that again? So social services, are they not connected to the council? Is that what you are saying? I didn't know that.

Where is the information? I have never had the information. Fantastic you are telling me now they are separate. I didn't know. I'm shocked. I'm surprised. Thank you for telling me I had no idea they were separate, at all. Everything just seems to have carried on fine. I had no idea. I didn't know, no. I'm very happy. I had no idea. Everything is fine.

I think it's been a bit confusing, actually, a bit of a mix up. Not too sure why they are here. It would be really nice if there was one group of social services were there... I think it was better before where they were, because we knew exactly what they were doing and where they were and I know it's all to do with the government and maybe that was why they moved. I don't know."

Not surprisingly, those service users who had been told in person felt better informed if the service they had been using was transferred to a SWPwA than those who were not informed or were first time contacts. The change of name was potentially confusing where it did not seem to say what the organisation was or did.

User outcomes and satisfaction

User outcomes and satisfaction clearly depended on the service offered by the SWPwA. Two main themes stood out from the interviews with service users where the SWPwA offered a specialist service – for specific client or user groups related to a disability or illness. Some of these SWPwAs also offered a type of case management service, which was characterised by continuity of care and responsiveness. First, the service users in these areas felt they were 'known' to this individual social worker and to the team. One example of this was the way in which interpreters were more accessible in specialist services rather than in the more general local authority. While some local authorities had specialist teams within them, in others the teams had been dispersed. Two of the SWPwAs were creations or recreations of this specialism or team:

SWPwA have been very supportive and they provide interpreters I think now it's running as SWPwA it's actually a lot smoother The problems with sometimes interpreters wouldn't turn up. That happened once to me. I would tell the social worker and they would phone the council and say, oh yes, it's been confirmed and then a few days later, they would say, I'm sorry, the appointment can't go ahead because the interpreter has pulled out. It will have to be postponed. So the social workers were really getting problems with the interpreters and that would cause delays. Things are better.

Second, in other SWPwAs the aim was for short term engagement with service users. Here, satisfaction related to feelings that the professional was interested in the individual service user and had '*something to offer*'. One theme arising from interviews with people whose circumstances were being reviewed was that of feeling that the SWPwA social worker was '*friendly*', a finding that resonates in other research on service user views of social workers (for example, Manthorpe et al, 2008). We found that this attribute seemed powerfully influenced by both personal qualities of staff, such as expressions of empathy and warmth, by providing direct telephone numbers, and by having more than one contact with the same individual. These were in contrast to some perceptions of the local authority as being hard to communicate with, impersonal and labyrinthine. These three illustrations from different pilots exemplify the inter-connections between these three behaviours:

I (used to) have different (social workers). Then I got one social worker. We got on really well. When I was put in touch with (name), she's absolutely lovely. I can text her if I've got any problems. She's very helpful. She's very professional. She works really well She's always happy. Talkative. She doesn't moan. She's always very happy. She communicates with me really well. She's brilliant. She's very happy for me to text her if there is any problems. She will say when would you like to meet? She's happy whenever I see her, and we get on really well and I'm very happy. (Service user with specific long term disability in contact with social workers for many years)

Z could not speak highly enough of the support provided by (SWPwA social worker). '*She was brilliant She was a friend She would go away and always get back to me If I had any problem I would be straight on the phone to (her) I was let down badly by the others, but (she) was totally different*'. (Notes by interviewer and quotes from service user)

She is very helpful. The best person I - don't be offended. She's the best one I ever have met in my life. I've never seen a woman to care for me so much. That is the first time in my life I met someone that really, really cares. She's lovely. She said, '*I know you don't want to talk to anybody anymore*'. She is a very, very nice girl. (Service user)

In the third of these quotes, the social worker was helping the person get repairs done and had suggested they contact a welfare rights service. This willingness to do things that were not restricted to social care but could lead to increased social care

needs if not addressed was valued, although the outcomes of these interventions were not known at the time of the interview. There were accounts from some service users of previously trying multiple sources of information and advice to seek more favourable responses to their inquiries, such as eligibility for financial benefits or rehousing/repairs. There were high expectations that a SWPwA social worker would be able to 'sort out' such problems:

She's investigated that. I gave her a list of all my pension and my husband's pension and all the income possible income. She has investigated that.

One service user of a different SWPwA that was undertaking a case management role outlined the importance of continuity of personnel and the reliability of a very small team for her:

(SWPwA) have done for me something that the council and everyone else haven't been able to do for the past seven years, I believe. Even though I had phoned the MP and wrote a letter to him and got a letter back and the answer was not what I wanted . maybe the council have got so many other people to deal with and they don't do a one to one thing where (SWPwA) does. There is just a direct number. If, for any reason they are not available you can always leave a message, which I have done in the past. (SWPwA) has got back to me.

In another SWPwA site user satisfaction was more associated with the better focused nature of the social work (and equipment) response. The SWPwAs that were specialist in nature by client group and offered this quasi or actual case management approach were better able to build up an identity quickly. Furthermore, if they were able to take on new premises they were better able to meet enquiries and provide a more personal or person-centred service.

In contrast, where social care support was specifically time limited, users might feel somewhat abandoned when support ended. For instance, after a social care support package was set up for a Mr X he did not see his SWPwA social worker again for six weeks and told the interviewer:

When she came back she said '*you can only have care for six weeks and tonight is your last night*' Mr X was "*just getting on with his life*" and did not see the social worker again until a few weeks ago when she came round to ask if he would appear in a publicity promotion for the SWPwA project.

As noted in Chapter 5 not all the specialist SWPwA were situated in premises that service users could access; for some this was not a problem as they valued being visited at home. Accessible premises mean different things to different people and so while some people could physically get into the SWPwA office this still necessitated taking a taxi rather than public or own transport. For those users in the SWPwAs offering a more case management model, physical accessibility to the premises was not viewed to be of major importance. Many of those who had been visited at home

were happy to telephone or text/minicom SWPwA staff subsequently. One service user reported:

I always feel a lot better knowing she's (SWPwA social worker) just at the end of an email.

In a small number of SWPwAs there was substantial contact between individual workers and service users. The reasons for this were multi-faceted; some, for instance, were connected with small caseloads and the need for a first assessment or major care package review, and the SWPwA's specific sphere of responsibilities. Safeguarding (adult protection), for example, was not included in any of the SWPwA contracts due to the time consuming level of investigation and to the specialist nature of this complex work at investigation and intervention stages. However, when cases of possible abuse arose they consumed a great amount of time even before they were passed to the relevant safeguarding service. Some complex case work in one SWPwA had to be brought back within the local authority as it was beyond the capacity of the SWPwA and, where this happened, users were not clear why. In other SWPwAs increased levels of direct work and contact with service users were clearly part of their ethos and time spent on this was valued by users. Indeed some commissioners had expressly included this in the contract with the SWPwA because the need for such face to face work had arisen in earlier user feedback. In the example below the service users concerned were major users of social care services and early engagement with them was seen as improving the local authority service since specialist involvement with this client group was perceived to previously have been insufficient:

And some people, I think (SWPwA)'s level of involvement with them has been a lot greater than what a social worker in the local authority would be. I think within the local authority it's very task driven, isn't it and very .Whereas (SWPwA) have got that added value with regards to spending more time with individuals and they will talk to them about problems a lot more than the local authority workers do. So satisfaction from a service user and carers' perspective has been extremely high. We are very happy with that outcome. I think our directors echoed that when we did a review after six months or so we were really happy with the outcomes that it had achieved. There was some good work in there. (Local authority commissioner Time 2)

However, in another area where a specialist service had moved to be a SWPwA pilot one service user expressed the view that there had been very little perceptible change:

There is no difference really for me using social services support if it's from (Person at SWPwA) The support has been great. They are very knowledgeable about the (type of disabled) people. So, really, the old stuff I feel is pretty much the same, actually now. But, I think there is actually less services now. There are budget cuts.

In other SWPwAs current service users were not able to make comparisons between previous contact with the local authority and their current or recent contact with the SWPwA. As we have noted, this means that comparisons of data on outcomes are hard to make. Many of those in contact with the larger SWPwAs had not encountered local authority social care or, in the case of the largest SWPwA, there was not yet any change to investigate. In the smaller SWPwAs that took more of a case management approach service users were appreciative of this enhanced personal and specialist relationship. For some of them it was reminiscent of the time when the local authority had a specialist team or even just a sole specialist social worker. Some service users with lifelong disabilities could vividly recall the powerful social worker of previous organisational arrangements who had made arrangements for their support many decades ago and had empowered them in emotional and practical terms.

Service user involvement in making decisions about support

It was evident from many of the service users and carers interviewed that the complexity of their lives and the complexity of social care support led them to seek professional advice and that a trusted professional was reassuring. The SWPwA was one of a number of agencies with which many were involved, as this service user outlined when talking of a SWPwA social worker:

Sometimes I'm in a little bit of a panic and I might say, help me out and help me quickly. Sometimes I will go, I don't know what this means. And usually it's to do with English or a form. They will say, *'that's fine. Don't worry about it'*. But I do tend to panic a little bit I've got a social worker and I will tell them what my problems are. It could be they will say, they will ask for help themselves It could be that they don't ask me direct, so sometimes they ask for help from someone else without asking me. It's not the first person's fault sometimes and sometimes it's the other person who hasn't actually contacted me. So sometimes I get missed out in that interaction.

Talking to professionals and having them sort things out was valued:

I will talk to (SWPwA social worker) and tell her what the issue is and she will say, fine. I will help you sort that out.

In these types of encounters there was little sense that the SWPwA had changed much compared to other social work agencies:

They always talk with me and I either meet here or meet them in one of the old council offices and they go and talk and the workers meet me there and then they go back to their offices in (SWPwA).

What was striking in these comments was the implicit understanding that the SWPwAs were not responsible for resource allocations or financial assessment. None of those interviewed perceived the SWPwA as managing budgets or making decisions about levels of support or personal budgets. The SWPwA was free from such hard decisions, although as the commissioners in one area had desired, the

SWPwA was designed to reduce over-dependence on social care and to actively challenge people who might be receiving what the commissioners considered to be over generous provision. We did not hear from any service users who had been subject to such challenge, which may be the result of this not taking place or the source of our interviews. Some had been referred to voluntary and community services for support and social workers in one SWPwA suggested that this was a more prominent part of their work. As this description illustrates, often SWPwA staff were also involved in advocating for service users rather than making decisions and this was appreciated:

X has disabilities and needed a toilet seat and some other equipment to help getting into the bath. She had also been refused (a social security benefit). An Occupational Therapist (OT) had visited her from the local authority. (Carer) thought that this assessment was 'hopeless'. Felt that bad advice was given. The OT from SWPwA *'was great, she sorted everything out. She did all the paperwork, took us to the resource centre and arranged for us to get a shower put in They are very busy but they will always make time for you. She goes out of her way'*.

Accessing support from other agencies

Some service users expressed great confidence in the ways in which agencies would communicate with each other should the need arise. These were generally people with no existing entitlement for publicly funded social care, as the following examples indicate:

If I need help or I need advice and I'm sure (SWPwA) would either give me the right person to get in—they would either get in touch with them or they would refer me to somebody. And that's what you want in life.

It was (person in local authority) that put me in touch with (SWPwA). It was (SWPwA) that put me in touch with (council welfare rights agency). It's the way it all goes round in the circle. It's nice to know that—if I have a difficult landlord who wasn't going to say, redecorate my flat for me. They know that I could easily phone up (social worker) at (SWPwA) and ask for her advice and she would put me in touch with solicitors or something like that. As I say, it's knowing that there is something there that I can access and get information from, rather than dig around myself and—it's knowing that the support is there and the information that is available.

In contrast, people with more profound disabilities and long term conditions seemed to have more common experiences of professionals not communicating across agencies:

INT Do you think they (SWPwA) would liaise with the nurses that you see?

RES I think it's a separate thing. When I've been in the clinic they've never said anything.

INT Do they give you any different information than the doctors and nurses have given you about the (long term condition) or anything like that?

RES No, because it's a bit complicated this drug what I'm on. The (specialist) like is not here all the time Is all over the place. If (specialist is) needed like (specialist) will come in to see me.

INT They keep that medical bit separate from the social worker bit?

RES From the hospital, yeah.

Some users reported that the value of a specific professional was that this person could talk to other professionals on their behalf and that their opinion was valued. One couple thought, for instance, that a SWPwA member of staff had been an effective advocate in helping with a housing transfer. In the same example, a social worker had explained the couple's situation to the Job Centre which had been trying to insist that they were ready for work. *'It's nice to have someone who knows what they are doing'*, said one of them. The social worker had also put the couple in touch with a Welfare Rights Officer and was going to put them in contact with local Occupational Therapy services. It was not clear why this had not been done previously by the specialist team.

A minority of those interviewed knew why the SWPwA social worker was acting for them – they had a contract to do so:

I don't really have any support from other places, because I tend to come to (SWPwA) at that time. I have a social work contract here. As far as I'm aware, (SWPwA) is the only one that has a contract. And also, if I were to go to other services they wouldn't know my background. (SWPwA) do know my background. If I have any issues with perhaps another department or a section of the council, what I can do is that ask (SWPwA) to contact them on my behalf and then they will liaise about services for me.

Lives were complex in many respects for some service users, involving health services but also legal, children's services, and housing support. The potential for a case manager or key worker with some level of responsibility was appreciated:

Often they (SWPwA) do referrals, which is good Having said that, just of late, really, we've had lots of conversations about my children, lots of paperwork to sort out. I've been waiting and waiting and sometimes there has been a little bit of confusion. I've asked for help and it hasn't actually happened. The social worker had asked for someone else to help me and that hasn't happened. I think, possibly, there has been some stress involved with that. But that's like a third party hasn't helped out. For the most part, the social workers do help me. They are fine. They can often get very irritated by other agencies who aren't actually doing what they are meant to be doing."

For service users with communication needs the SWPwA played an important part as a specialist resource in knowing what the individual precisely needed and how to

make the arrangements. This was not necessarily offering a case management service but a brokerage model that was appreciated by people who did not need major support:

I know that other people in the council will contact (social worker). Because about two or three weeks ago, the council actually went to (SWPwA), to (social worker). She texted me and said, '*The council want to see you in your flat for a meeting*'. I replied saying, '*That's absolutely fine*'. At the same time, (social worker) organised an interpreter, so that conversation could take place. I thought that went really well.

Service user comparison of assessments

Not all the service users had been assessed by the SWPwA as many of them were already assessed as being eligible for social care services by the local authority. The SWPwAs conducted reviews and modified support plans for some of these service users, particularly for people who had lifelong disabilities.

For example one person had been assessed on numerous occasions and seemed satisfied with the process generally:

INT Do you like the way they talk to you?
RES Yes.
INT That's a good assessment is it?
RES Yes.
INT Have you ever had a bad assessment?
RES No.

In one SWPwA there was greater emphasis on work with family carers and here some new practices in assessment were developing such as carers being assessed together with the person they were supporting. It should be noted that financial assessment (means testing) was not part of these conversations. Some carers interviewed seemed happy with this approach despite the potential compromises of confidentiality:

RES When (social worker) came to do the assessment?

INT Yes.

RES Absolutely wonderful. She really was. I was dreading it, because I thought, oh my goodness, you know. I would just rather be left alone rather than, you know. She made both of us feel at ease. She was very, very good and easy to talk to and easy to get on with. Like sitting here now it was like conversation and she was right. It was very, very good. I was very impressed.

Nonetheless the difficulty of talking about whether a carer felt willing or able to carry on caring emerged in such joint conversations as carers could feel very worried about discussing this in front of the person they were currently supporting.

In the same SWPwA carers were also offered the opportunity to be assessed with a carer from a different family as the social workers thought this was helpful for them to see that they were not alone and that others in their position might be able to share their experiences:

RES Yes. I actually made the contact with social services, because I didn't know anything about support (Social worker) actually contacted me and I attended this office along with another gentleman and we did the assessment together it was very easy. A lot of guidance as to the purpose of the questions were and what we should be actually—

INT How did you find that there was another carer, another gentleman?

RES We filled out assessment forms out together with assistance.

INT And that's a good idea to have another person here. Do you prefer to be on your own?

RES No, not at all. In fact, I learned one or things from what the gentleman was saying and if he did from me, I don't know. But I know we went through it and they were all quite satisfied with the process, I must admit.

Service users who were supported by a SWPwA that adopted more of a case management role were often very impressed by the expertise and continuity of care around the assessment. One person, living at home with a severe and progressive illness, was able to compare this to a previous disappointing contact:

When I met (SWPwA social worker) I was a bit apprehensive to be honest, because I'd only really previously had a social worker from the council come out when I first got ill. She asked me a hundred and one questions to fill out forms. And that was it, she went through the door and I never saw or heard from her again. I just assumed as I didn't require, the carer didn't need this or we were managing away on our own. And then after a trip to Citizens Advice, the lady I spoke to there said, '*have you got a social worker?*' and I said, '*no*'. I explained. She said, '*that's disgusting*'. She said, '*you must have a social worker*'. She said, '*you cannot live in the home the way you are going*'. I was bit iffy about phoning and asking for another social worker, because I thought, '*what if I get the same woman?*' So I phoned the council and I explained what had happened previously and they couldn't understand it. They said my case had been passed onto her manager. That manager had left. So obviously I was left in the cupboard somewhere. Within a couple of weeks, I had a phone call from SWPwA to arrange a home visit and it was (social worker) initially who had come out to see me. I haven't looked back since.

In another pilot the SWPwA was contracted to review people who had been assessed but judged as not eligible for local authority social care and this was done by telephone, or a home visit. This was followed up by a letter and this contact was generally appreciated. However, we found that some of those receiving letters or leaflets could not read their contents:

INT How did you find it? Was the letter or the writing on the letter was it big enough?

RES It was big enough for me to see.

INT You could read it.

RES I could see it, but not read it.

INT Why is that?

RES I have got learning difficulties.

INT Would you have rather they speak to you on the phone? Does (SWPwA) know that you are not able to read letters that they send you?

RES No. They didn't know.

INT Did they ask you?

RES No. They did not.

INT You don't know what it said?

RES No.

INT What did you do with it when you got it?

RES Put it with the important letters, with the rest of it.

INT You put it away.

RES Yes.

Comparisons from service user perspectives

The service users who had previous experience with social work services prior to the SWPwA were mostly located in SWPwA pilots which were newly offering a more intensive or specialist case management role. These service users were able to make some comparisons but interestingly these comparisons were often connected to having a specialist service with continuity of staff rather than related to the organisation.

Other comparisons were drawn by users about effectiveness:

M described how she had a had a lot to do with support workers and professionals over the years and how they liked to come to find out about all your problems and private business but how they never actually got anything done – usually disappearing never to be seen or heard of again. What was different about (SWPwA social worker) was that she did get things sorted and '*stood beside you*'.

User perceptions of staff morale

Since one of the aims of the SWPwA pilots was to improve workforce well-being, we asked service users if they thought that the professionals they encountered seemed to be enjoying their work. This question seemed to come as somewhat of a surprise

to service users but many offered observations about this and speculated on what might be contributory factors. It was generally apparent that service users like talking to people who seem well motivated and seem to be enjoying their work, as this person commented:

I think SWPwA is a very good organisation which seems to be either the people enjoy the job that they are working in, the environment and so they are happy and they put it over to other people. When she rang up, she was full of the joys of spring, hello and my name is, X. Very, very, nice and well-spoken lady. I felt that if I'd got any bother or any problems there and then I could have told her.

Similarly, another service user from a SWPwA that offered more of a case management service said in response to our question of whether the staff seemed happy in their work:

Oh yeah, definitely. You can tell by the way they address you, you know. Interest in you and that kind of thing, you know. They are not just like, how can I say? They are not blagging you, like rushing you, or they want to know everything about you.

Through an interpreter, service users Mr and Mrs Z reflected on whether their social worker (X) seemed happy:

They said that they thought (she was) because she seemed pleased to see them and even when she's not working, in her office hours, she texts them if there is something that she needs to say. They both felt that the staff at SWPwA like helping people and that social worker X was enthusiastic, although they thought she was a bit over worked as they said, she's always there and she comes when we want her to. '*She's always got a smile on her face*'. They did think her job was stressful, but thought that was because she was a social worker and social workers had stressful jobs. They thought she had a lot of paperwork to do, but thought it right that she documents everything, so she can tell her colleagues what is going on. SWPwA has been good in that it's got a Facebook page and they can use the iPhone system there and they feel that they can contact (social worker X) with any problems.

Involving service users in shaping services

Examples of service user input in shaping SWPwA services were described solely in terms of user feedback by most of the pilots. One SWPwA social worker explained:

Yes, I would say so we also ask for feedback. '*How did you find the service? Did you find (our service) useful? Was there anything else we could have done to make the experience better?*' So by asking these questions, anything negative—anything positive, I always feedback to (manager), anyway. And in that way we can change anything if anything needs changing. (SWPwA social worker Time 2)

Another SWP lead described how the SWPwA had sent out questionnaires to the people its members of staff were working with:

We've based a lot of our work on information that we gained from the questionnaires the areas we know that people are having issues with, we ask them specific questions around so it's all about what the service users, the customers have been able to tell us." (SWPwA social worker Time 2)

However, aspirations for service user input had not always been realised, as one local authority commissioner from another area described:

One of the social workers did these service user questionnaires—when I asked her for the last update, I think more than 50 had been sent out, but two responses were received. So it's really about, well you can't force a service user to give feedback. (Commissioner Time 2)

In another pilot a social worker described the considerable amount of time and resources required to embed meaningful user involvement in shaping pilot services. This pilot expressed awareness of the communication problems experienced by many of its service users and how postal questionnaires would be unlikely to generate much data:

I think we've been a bit slow. I think what we were looking for is almost one system and of course that doesn't work. We've had the service user groups and we've had lots of feedback from them, but they tend to be (one group of) people. We've tried different things with (other) customers and we haven't really got very far. People don't tend to fit into the way that we want them to. They usually turn up in a group and discuss things. We've now started producing material which is much more accessible, so we can get feedback. We've now got the standard on service user feedback and service user charter, which is about to launch any minute That will help us to check things. (SWPwA manager Time 2)

Another social worker highlighted that the methods of user feedback had not changed substantially from the local authority to the SWPwA, but the staff's expectation that feedback will be acted upon had increased, albeit such changes had not yet been realised:

We have a (local) forum which is once a year. They encourage a lot of feedback from that, and there is the (another) forum which was set up already, and people say stuff and that gets fed back to us. Then there is just the general feedback we get from service users when we meet with them, but that is not specifically because we are (SWPwA) and that's just good practice to get feedback from clients and what they would like to see. But I guess it feels like we've got a bit more control to make suggestions, so we can say, *'well, a client suggested this. That's quite a good idea. Let's try that'* we are noticing gaps and saying, *'these are all the gaps in the service, let's do*

something about it' but that something hasn't yet materialised. (SWPwA social worker Time 2)

In one pilot the expectations for service user input were ambitious and this SWPwA was the only one to have developed substantial user involvement beyond aspirational stages. The manager described how:

People feel like they own it here. What has been key here is service users like (names) experts by experience . and we've got the Advisory Group on (day of week) which is a sounding board where people say exactly what they want. They are in here all the time anyway doing peer support and stuff. It permeates the workers, whether it's in this kitchen and whether it's in the two weekly team meeting and whether it's at the Board I think the constitution and the vision of the organisation is to be service user and staff led. I think we've done that It is very much about that empowering and making people feel part of it. (SWPwA manager Time 2)

Opportunities for volunteering

One of the measures by which SWPwAs were to be judged by Government was whether they offered opportunities for volunteering and user engagement. Overall, there was little evidence of enhanced opportunities for volunteering. This was attributed to a range of reasons, such as it not being a priority, the existence of many voluntary sector groups in the locality, and the wish not to '*steal*' their volunteers. There was also limited experience in some of the SWPwAs of working with volunteers.

For three pilots it still felt like early days (mid 2013) in establishing any volunteer input:

We've got one volunteer already volunteering is definitely something that I'm looking at increasing and getting more people on board. Obviously that's somebody who is CRB checked I foresee getting some more people involved in doing our community work, because some of the events are held on the weekends. That would be really great. (SWPwA manager Time 2)

Volunteers hasn't really happened Volunteers came in to help with folding up our newsletter, I think that's the only thing I'm really aware of volunteers being used for. But in terms of volunteers for my clients that hasn't materialised (that needs) CRB checks, a volunteer coordinator that isn't trying to do a load of other things at the same time. I think one of the members of the team did take the lead, but they have still got their current job and a lot of other things to do. (SWPwA social worker Time 2)

(X) gave us a lot of time, wasn't involved in the project at the beginning, but was one of the directors, very much a silent partner has been doing things without pay. (SWPwA manager Time 2)

One pilot had not established any volunteering, and a social worker did not see this

as their role: “*they (SWPwA) do liaise with the voluntary sector.*” (Time 2)

In one particular pilot, a social worker described how volunteering by users, carers and wider community members was encouraged and was built on the open-door policy of their community-based premises and their accessibility, however it required resources:

Even in a practical way, you know, whenever one of the volunteers are in here, make them welcome. right from big strategic decisions and involving them right down to—I remember early days and people needed to learn lessons We did have some discussions in the early days to say, ‘we are all pretty equal round here’. The service users are even more important to us.
(SWPwA manager Time 2)

In this same locality fears were voiced by staff working with volunteers that the SWPwA staff members lacked experience in supporting and specifically managing volunteers and could jeopardise good relationships by seeking to recruit existing volunteers from other groups.

Two SWPwA pilots expressed their intention to work with volunteers. Interestingly these worked with people with specific disabilities where there were many potential roles for volunteers. One SWPwA manager described their growing awareness of the process of recruiting and using volunteers:

Yes, we’ve expanded on our volunteers When we first got involved with them it was going to take two months to get all these volunteers. Six months down the line we realised that it takes a lot longer than that. I had devoted a post to it. I had a development officer here who really just concentrated on that I changed (this) post, which I’ve got the freedom do as a pilot, to volunteer coordinator. That was really taking off. We started to look at where we could bring other volunteers into and what other areas of the team.
(SWPwA manager Time 2)

Similarly, in another SWPwA there was awareness that encouraging volunteering took up more time and resource than anticipated.

Overall the evidence from the data is that increasing opportunities for volunteering was not a significant activity for the SWPwA pilots. A variety of explanations was offered – notably lack of experience, wariness of competing for volunteers and lack of role for volunteers in some sites. Some SWPwAs seem to be more likely to invest in volunteers than others – other pilots seem more interested in working with local voluntary and user groups to complement their activities. As a performance measure, counting the social investment of volunteers would be an imprecise measure if applied directly to SWPwA organisations.

Summary

This chapter has drawn on data from interviews with service users in all SWPwA pilots save the one that was not started until September 2013 (where the staff

argued that it would not be possible at this stage for service users to have experienced any change). The service users interviewed were initially contacted by the SWPwA team and there may be some biases in this approach to recruitment. However, this was a pragmatic decision and one which was ethically sound in that we did not intrude on people for whom there may have been good reasons not to make an approach. Our findings from the interviews reveal the importance of personal relationships even in very limited contact time, and also the potential for use of different communication modes. Service users who had been offered a form of case management from the SWPwA valued this continuity and expertise. In other SWPwA models specialist skills were valued as these were hard to access from a more corporate local authority. In SWPwAs where support and information were more short term then service users valued being seen for longer periods of time and having repeated contact, even remotely. However, for some service users there were not great differences between SWPwA and local authority social work encounters and this should also be remembered.

Chapter 10: FINDINGS – Working in a Social Work Practice with Adults

This chapter presents findings from two data sources: 1) the survey of practitioners in the SWPwAs, in the host sites, and in the comparison sites; and, 2) interview data from the social workers and other staff working for the SWPwAs about their roles and practice. We provide some details of the survey respondents to set their views in context (as noted above Chapter 2 provides details of the survey participation rates and the dates of the surveys) terming the three participant groups: SWPwA pilots, host (local authority staff not in pilot), and comparison sites. The technical appendix at the end of this report provides the full statistical data for reference.

Personal characteristics of survey participants

Interestingly, SWPwA practitioners were overwhelmingly women, with less gender diversity than their host and comparison counterparts. They were also less ethnically diverse (especially when compared to host participants). In terms of age, pilot staff had a mean age of 44.3 years compared to a very similar 45.2 years among host participants but significantly lower than that of the comparison group (48.7 years). More practitioners working in the pilots reported some form of disability than their host counterparts, which may reflect the move to the SWPwA pilots of two teams of staff working with people with sensory impairment (some staff were employed specifically as members of the deaf or other community). Overall, there were no significant differences in relation to self-stated general health of practitioners in the three groups.

Professional characteristics

Similar percentages of SWPwA staff were registered with professional bodies to that of the hosts; however, fewer staff were professionally registered in the comparison sites. At the onset of the SWPwA, at Time 1 (T1), significantly more SWPwA staff identified themselves as frontline practitioners or performing both roles of frontline and managers than the host and comparison sites. However, by T2 these differences were reduced. There was also little difference between pilot, host and comparison practitioners' job titles. No significant differences were observed in relation to working patterns. Pilot staff had worked, almost exactly, the mean number of years in the social care sector to their host local authority, however, these were lower than those in the comparison group.

Job and occupation satisfaction

For all groups, level of satisfaction with the occupation (their overall work) was higher than their level of satisfaction with their employers (an average of 4.8 compared to 4.4 out of 7). Pilot practitioners' satisfaction with their employers was slightly, but significantly, higher than that observed among other groups and had slightly, but significantly, increased over time from 4.8 to 4.9 out of 7. No significant differences across groups or changes over time were observed in practitioners' level of satisfaction with their occupation (actual job).

Perceived workload

Based on data collected only at T2, we found no significant differences in relation to perceived levels of workload across the three groups of staff. The vast majority of participants thought their workload was either 'a bit too much' or 'about right' as opposed to 'much too much' or 'too little'. When asked whether their workload had changed over the past 6 months, the majority of participants across the whole three groups (average of 68%) reported that it has 'increased'.

Time expenditure

We asked participants to indicate how they felt about the amount of time they spent working on different tasks. Different tasks and activities included: direct work with adults; direct work with carers; communicating with other professionals; completing forms and report writing and meetings and reviews. They were asked to identify whether they felt they did spend enough time, just about right, or too much of their time on each of these activities. Overall, nearly half (44%) of practitioners in the three groups felt they spent the right amount of time working with adults and their carers, and 67 per cent and 53 per cent felt they spent the right amount of time communicating with other professionals and in meetings and reviews, while 70 per cent reported that completing forms and reports took much too much of their time.

In terms of changes over time, significantly more pilot practitioners felt they did not spend enough time working directly with adults in need of care at T2 when compared to T1 (53% vs. 44%). Such a downward trend was not observed among host staff, where the figure reduced slightly from 48 per cent to 47 per cent across the same time period. On the other hand, more pilot staff felt they spend the right amount of time in direct work with carers (49% at T1 to 57% at T2), communicating with other professionals (74% T1 to 79% T2) and completing forms (23% T1 to 28% T2) as time elapsed. It is worth noting that perception of time expenditure was very similar among the three groups of participants with few exceptions: first in relation to direct working with carers, significantly more pilot practitioners felt they spend the right amount of time compared to the other two groups. Additionally, more pilot staff felt they spent a bit or much too much of their time in meetings and reviews, compared to the other two groups, particularly at T1.

Views on quality of service received by service users

The survey collected practitioners' views on the quality of service received by adults in need of care, the questions were based on the Adult Social Care Outcomes Framework (ASCOF) and aimed to capture key elements of independence and quality of care. Significantly more pilot staff felt that 'adults who develop care needs receive support from your organisation that enables them to regain their independence' than the other two groups; such views did not change significantly over time. When compared to the host group, more pilot staff felt that adults in need of care spend 'an acceptable amount of time' waiting for an appropriate care package, however, such percentage was significantly lower than that observed among the comparison group at T1. This perception increased over time among the

pilot staff, while declining slightly among the host and comparison groups. Significantly more of the pilot staff felt that adults in need of care were offered excellent service that ensures they have a positive experience of care; these percentages also slightly increased from 21 per cent at T1 to 26 per cent at T2, while they slightly declined among the two other groups.

We also collected a small amount of free text information to reflect on participants' views on the quality of service received. For those feeling the quality of service provided was not as high as they wished, a number of reasons were provided, including level of funding available:

We rarely fund people who have lower level needs, because of the budget constraints (Host)

Lack of appropriate resources / workers time and input / providing a "one size fits all" service. (Comparison)

Limited resources and lack of cohesive joint working arrangements with partners (e.g. Health) to secure resources required for client re-enablement. (Host)

Other problems associated with local contexts, such as rapid hospital discharge, types of available services, lack of wider networks, and the way some workers provide services were also identified by survey participants from all three groups:

Too early closure of cases (Comparison)

Some workers cause dependency, especially in learning disabilities and adult mental health. Am unsure why (Comparison)

Lack of flexibility in service provision and limited range of resources to draw on (Host)

There is not enough support networks to meet their needs. The right support networks are overworked. (Pilot)

Staffing problems, staff that don't have enough time to spend on encouraging the person to undertake the task as best they can. It remains a 'do for culture', as this speeds up the task. (Comparison)

Because the system is not set up for people to regain/maintain independence. Budgets and independence do not tend to go together, as independence can cost far more than what the budget allows. Also independency is or can be preventative, we do not go in for preventative work. (Host)

Because most care agencies do not work under the premise of enabling the customer as they are in a profit making businesses. (Host)

I feel we are bogged down with paperwork and computer inputting not enough time is spent with the clients. (Pilot)

Perception of quality of care provided by self and organisation

Participants were asked to indicate their level of agreement as to whether they (as professionals) and their wider organisations met service users' and carers' needs. We collected their views on key indicators including: working with the same cases over time and maintaining close contact with service users; ensuring that service users can manage their own support as much as they wish; their availability to service users; their relationship with adults in need of care, their carers and with other agencies; and ensuring that carers can balance their caring responsibilities and their desired quality of life. One of the main findings from the analysis was the similarity of practitioners in rating 'their own' professional quality of work across the three groups of participants, while more variations emerged when considering their organisations' quality of work. Practitioners tended to rate the quality of their own work as better than that of the wider organisation and there was very little change over time when rating oneself, while more changes were observed when rating the wider organisation. Overall, pilot staff tended to rate their wider organisation much better than the other two groups. This was particularly true for items such as maintaining close contact with service users; ensuring service users can manage support; being available and making time. Pilot staff's positive views about the quality of care provided by their wider organisations (SWPwA) also mostly strengthened over time.

Perception of workforce and work dynamics

We collected information about participants' level of agreement with a number of statements related to workforce and work dynamics in their own organisations and measured change over time. The statements were designed to reflect the core aims of the SWPwAs, such as ensuring staff participation in decision making and their confidence in challenging practice decisions; reducing paper work; encouraging innovative practice; keeping staff turnover low; ensuring adequate administrative support; prioritising supervision and regarding mistakes as opportunities for learning. Overall, significantly higher percentages of pilot staff agreed or strongly agreed with the majority of positive statements when compared to the host and comparison groups. One exception was the statement 'mistakes and failures are treated as opportunities for learning' where all three groups of participants expressed a similar level of disagreement, and the statement 'staff turnover is low' where the highest level of agreement was observed among the comparison group. Some levels of agreement changed over time for different groups of participants; significantly fewer participants agreed or strongly agreed that innovative practice with service users and carers is encouraged at T2 when compared to their level of agreement at T1, particularly among host and pilot groups. On the other hand more of the pilot participants agreed or strongly agreed that staff feel confident to challenge practice decisions at T2 when compared to T1.

Views on anticipated aims of SWPwAs

The survey collected information on whether any of the host and comparison participants had ever heard of SWPwA; a total of 1344 participants were included in this analysis. Then we asked those who were aware of SWPwA and pilot participants to indicate their level of agreement with different statements summarising some of the anticipated aims of SWPwAs. We specifically asked their agreement with the following statements: staff in SWPwAs will be able to work in frontline practice for longer; SWPwAs will increase the opportunities for adults in need of care to be more involved in the decision making process; SWPwAs will improve relationships between social work staff and other professionals working with adults who need care; SWPwAs will improve relationships between social work staff and carers; and SWPwAs will reduce the amount of time staff spend on form filling and in meetings. Not surprisingly, pilot staff tended to agree or strongly agree significantly more than the other two groups with each of these statements. However, the analysis interestingly revealed that levels of belief remained unchanged among host and pilot participants over the two time points of the survey.

The survey also collected free text responses to expand on participants' views in relation to SWPwA, host and comparison participants' views. These indicate more clearly the variation in views about the principles of the SWPwAs and their practices among the host sites and the comparison sites. Views expressed in the survey reflected much of the ongoing public and political debates as reported in Chapter 1:

I believe in the public sector. 'Competition' in service provision has created a vast amount of unnecessary work for the public sector, I wince at the thought of it happening to assessment teams as well. (Comparison)

Can sound good in theory but in practice LAs still remain responsible for work they do. Not sure what their use adds. (Comparison)

I don't know enough about this. My issue would be how well it is managed and it ends up like private home care agencies making as much money for themselves, to the detriment of the social workers conditions and expectations. This will have an effect on the quality of work. (Comparison)

Unless they work to a different legislative framework the demands will be the same but their terms and conditions will be worse as indicated in other private sector organisations. They will be dependent on winning contracts and this will weaken the independence and ability to challenge other professional groups. Social work practice is about empowering and enabling others; this can be difficult to achieve in a public service; I believe private sector involvement will weaken this capacity and shift the focus to winning contracts rather than quality outcomes. (Comparison)

My experience of it in (local authority) has been that the pilot was unnecessarily disruptive for all concerned, including those parts of the organisation not directly involved. No innovative practice was particularly

possible. I have observed significant levels of stress, sickness absenteeism and turnover amongst the staff, who seemed to have been expected to shoulder workloads known to have been excessive and involving challenging clients. The pilot is widely regarded, rightly or wrongly, to have been a failure.
(Host)

Another group of comments was less negative and referred instead to the participants' lack of knowledge of SWPwAs in both comparison and host groups:

I am still not entirely sure what SWPwA is so am unable to evaluate it properly. (Host T2)

Even among the SWPwA staff the survey elicited some concerns in relation to the practical realities of applying core aims of SWPwA:

In the pilot which I have been part of because of the need to work mainly in the existing way, e.g. using pre-existing forms and computer systems, and because of pressure of workloads, there has been limited opportunity to work in different ways than before and for individual workers to influence practice.
(Pilot)

Some of [my] negative responses are due to the limited amount of time allocated to the SWPwA so it did not have time to truly engage with service users and their carers in a different way of working so realistically I am not able to say honestly. (Pilot)

SWPwA staff views on the relationship with their host local authority

We asked pilot participants who had direct contact with their host local authority to rate their working relationship at T2. A total of 208 pilot participants responded to this question with the vast majority indicating the relationship as either 'very good' (37%) or 'good but can be better' (47%). A total of 10 per cent described the relationship as either 'not very good' or 'problematic'. The survey collected free text information to expand on such answers, the comments below from pilot staff ranged from the very positive judgment to explicit criticism:

My local host local authority continued to support the SWPwA which was a good thing if they had not done so the pilot would have collapsed as they did not seem to understand what they took on.

More positive communication and hands on involvement could have helped.

Lack of support from the offset. Refused the pilot any admin support for the first 6 months. Council staff came with their existing caseload as well as that allocated to the pilot. Empty promises.

Staff burnout and stress level

As described in Chapter 2, we used the Maslach standardised measure of burnout designed for practitioners working in human services. This consists of three elements: emotional exhaustion (EE), depersonalisation (Dp); and personal

accomplishment (PA). The first two elements are positively correlated with level of stress (the higher the score the higher the level of burnout) while the third element (PA) is negatively associated (the higher the score the lower the level of burnout). Overall, pilot staff displayed a much lower level of burnout than the other two groups across the three domains. However, these differences were observed from the onset of the SWPwA and none had significantly improved across time. These findings are likely to reflect the type and experience of practitioners who were initially recruited to SWPwA as well as the level of enthusiasm usually observed among groups of people starting something new or conscious of being observed and measured (a 'Hawthorn' effect, see Spicker 2012).

Job content

The survey was designed to collect standardised information on participants' job content using the Karasek Job Content Questionnaire (JCQ), which measures a number of scales related to decision-making authority, skills discretion, support received from supervisor/manager and from colleagues. In terms of 'decision latitude' – the extent to which employees have the potential to control their tasks and conduct throughout the working day and which combines both scales of 'skill discretion' and 'decision authority' – pilot participants scored significantly higher with an average mean of 72.3 compared to 67.8 (host) and 68.2 (comparison). However, similar to the measures of burnout, these scores were evident from the outset of the SWPwAs and did not improve over time. Indeed, pilot scores for decision authority slightly, but not significantly, reduced from 73 at T1 to 71.8 at T2. The Karasek JCQ also collects standardised measures of psychological job demand, which represents all stressors existing in the work environment. On average the pilot group scored significantly lower at 35.2 compared to 37.1 (host) and 36.6 (comparison) and again these difference did not significantly change over time.

JCQ also measures levels of job insecurity; this scale did not vary significantly across the three groups and stood at around 6.2 on average. However, levels of job insecurity significantly reduced across time among all groups (from 6.2 to 6.1 for pilot 6.3 to 5.9 for host and 6.4 to 6.1 for comparison sites). The social support measure combines a scale for co-worker support and another for supervisor/line manager support. The analysis indicated that pilot participants had significantly higher social support scores than their counterparts including significantly higher scores for each of the sub-scales. For example, on average the pilot group scored 13.1 for co-worker support scale compared to 12.5 (host) and 12.6 (comparison) and 12.6 for supervisor support scale compared to 12.0 (host) and 11.9 (comparison). The analysis indicates no significant changes for these scales among the three comparable groups across the timepoints of the surveys. In the next sections we use interview data to place these findings in the context of practice – it should be remembered that only the SWPwA practitioners and managers were interviewed.

Job satisfaction among SWPwA staff

The interview data also revealed that many of the SWPwA staff viewed working in a

new organisation positively and had taken up the work with enthusiasm. This enthusiasm was reinforced by sustained external encouragement and strong, practice-centred, protective leadership. Some described feeling professionally comfortable in the new arrangement as this social worker illustrated: *'This team does still give me the chance to do what I would call 'real' social work. I can't imagine me going to (central local authority) and sitting in the call centre or anything similar.'* (SWPwA social worker Time 2)

One social worker described their appreciation of the flexibility of working for a SWPwA:

I can stay at home and do the telephone reviews. There is a lot more flexibility within the team. I think that my personal level of work has improved. I don't think I was able to get as much work done in the (local authority) as I am at home. That makes me pleased that I'm able to do more work. I don't feel so stressed. Like I think, if I was based in one of these locality teams and I had these high case[load]s and high needs, I don't think that I would function very well (SWPwA social worker Time 2)

In contrast, another SWPwA social worker spoke of enjoying working in a small team and did not like home working:

It just seems a better way of working, because you are closer and you've got better ties with professionals. You are able to be more creative, which is what I like about social work. I think so, personally. I don't particularly like to work from home. I think you need that, you need to be able to bounce ideas off people. I hold my own caseload and I'm basically going back to being a social worker which I really enjoy. I prefer to work in this way. (SWPwA social worker Time 2)

In another pilot the SWPwA manager reflected at Time 2:

I think it's all about ownership. It's about the teams feeling that they have the freedom. If you ask the staff they will say, it's about being away from the (local authority) and having the freedom, they tell me that, although they say, in the next breath, well yeah, but you make us do—you still make us follow the bureaucracy sometimes, because there was some things you can't immediately get away from.

However, not all the SWPwA staff felt so satisfied and personal enthusiasm could be affected by uncertain contexts from which the manager could not protect them:

What's brought their morale down and they feel like there is bits that they've changed that have been done differently, but on the whole, they haven't really been given ownership of taking things forward themselves. And the fact that they have had this high caseload hasn't helped. (SWPwA manager Time 2)

Overall, high morale might be expected and emerged in the survey findings, since all the staff that moved to the SWPwAs either went voluntarily or, in the case of the

social workers and other staff who were independent or working as locum or agency staff, the SWPwA arrangement offered better security of income and (mainly) local work. Most who were employed by the SWPwAs also remained on local authority terms and conditions with benefits or rights such as sick leave and occupational pensions. The exceptions to this were in the shadow SWPwA in which members of staff were working for a Care Trust whose terms and conditions were to be largely unchanged as there was a prior agreement made about the earlier transfer of local authority staff to the Trust. Some misgivings about work conditions related to developments that might be being experienced in other local authorities, such as the move to 'mobile' working and the increase in workloads. For example, one social worker pointed out that they were all 'agile working', which meant that they worked with mobile phones and laptops, and did not have any desks but had their own keyboard and trolley in a paperless office base. The sense of being a close working team was not so evident in these arrangements in a large SWPwA.

In another SWPwA where none of the staff had offices, they reported to not mind working from home but as some of them had never held a permanent social work post this might not have been unexpected. In another pilot, one SWPwA manager reported:

we did experience some difficulties with some staff wanting to keep the bits of (the local authority) they liked and then have the bits of (the SWPwA) they liked, but not want to sort of come entirely over to the SWPwA way of thinking (Time 2)

In this SWPwA two of the social workers we interviewed at Time 2 told us that they would like to go back to the local authority.

Managers and leaders

Job satisfaction for themselves was clearly articulated by the SWPwA managers. This group expressed its appreciation of working in a less hierarchical way and being 'in charge' of the contract, although one expressed some frustration about still being 'tied' to the local authority. Their sense of mission and pride were almost tangible. For some the move to a SWPwA had changed their view of their careers and their future and in this quote one reflected on their future:

I did get offered a job back in the (local authority) about a year ago to run a team. I didn't go back then. I can't see that I will go back now. I don't think I will. I think perhaps in the future I might work in another social enterprise or I might work in a charity. I can't see that I would go back to the council. If they improve the way they look after their staff then I might do. The stresses that they have, you go round in a circle with yourself because you don't have any control as to make any influence on changing things. So that can really bog you down. Looking back now it's almost like you feel like you are a mole or something, because you couldn't see what was going on around you. You just had your case work and there was lots of grumbling and there was lots of energy going into grumbling about different things. You just didn't do anything

about it, because you couldn't see how you could maybe influence anything (SWPwA manager Time 2)

The commitment of managers seemed extensive but this could be at personal cost and was possibly not sustainable at such a frantic pace:

But you do see people and I know everyone is saying they are stressed and in senior management part of it is trying to deal with all that and getting people to get on with it. There does come a point when people are doing, you know, whatever, 50, 60 hours work (at) home. I speak to X till all hours and everyone from Z who never stops. Every member of staff here gets extremely stressed. You can only do that for so long. (SWPwA manager Time 2)

In some of the SWPwAs the managers did not express feeling troubled by the uncertainty of the future of SWPwAs and re-tendering. Some were aware that in a re-tendering exercise they would have to think carefully about costs and efficiencies. They were desirous of some protections in any competitive tendering, and hoped for changes to procurement and contracting law, although they realised that this might not be possible. As observed in Chapter 6, the promise of extra income from other sources had not materialised in most sites, despite extra government finance for some SWPs to develop business plans. The amounts paid for training and student placement were not substantial in the minority of the SWPwAs that undertook these activities and the latter are under national review.

The risks of running a SWPwA that was very dependent on a manager to be the visible leader of the new organisation were sometimes recognised:

I can't really imagine how that would work if (SWPwA manager) was off sick. There isn't anybody there who is going to step into their shoes they haven't got that Board of Trustees in an independent state and other people around the table, have they at the moment? They are quite vulnerable, because it's just them. (Local authority commissioner Time 2)

These difficulties did emerge in one SWPwA where there was a long-term absence by one member of staff. The SWPwA felt that there had been damaging delays in finding a replacement member of staff whereas the local authority thought it had been immensely helpful. Clarity in the contract about responsibilities for seconded staff might have been helpful here and points to the need for contracts to be detailed and scrutinised.

Over time, some managers changed their ideas about what they were looking for in staff and talked of having a balance of 'creative' staff and those who could get on with the routine work:

So actually the whole team doesn't need to be full of everybody with ideas and wanting to set up projects, because that actually might be a bit hard to manage. It's quite good to have a balance within the team and have some people that just keep plodding on doing everything that needs doing really efficiently (SWPwA manager Time 2)

Not only was the staffing structure of each SWPwA different because of their unique remits (as outlined in Chapter 1), their timing, geographical, and user group focus, but one SWPwA was in transition across the period of the Evaluation so far and described itself as starting in September 2013. For five of the seven SWPwAs, however, their staffing structure was relatively clear, although, unsurprisingly, at the time of set-up and in the following few months the full complement of staff was not always in post. Some SWPwAs employed agency or locum staff over this period. One SWPwA's staffing arrangement was particularly unusual with a temporary freelance arrangement pre-dating the onset of this particular SWPwA. Others were less complicated because most of their staff transferred to the SWPwA on a secondment arrangement from the local authority and continue to be employed under their original terms and conditions. In some SWPwAs seconded staff members were later joined by new staff, some of whom were employed under different terms and conditions than the secondees.

One illustration of this new organisational staffing scheme is the SWPwA comprising 44 staff members, including 4 social workers, 3 community care practitioners, 1 senior practitioner and the managing director (social work qualified). Most of its staff members were seconded by the local authority although staff appointed following set up received different contracts and were employed by the SWPwA Company not the local authority. The 'original' team of this SWPwA had previously been working as a local authority specialist team, separately from other care management teams and nominated itself to become a SWPwA. In another of the larger SWPwAs, which planned to have 30 staff, the staff members who were seconded from the local authority did not come from one specific team but had expressed an interest in being seconded to the SWPwA. This staff group also contained occupational therapists. The largest number of staff moving to a SWPwA was planned to be 130.

In contrast, one of the smaller SWPwAs consisted of 3 staff, one of whom was a social worker seconded from the local authority (the others consisted of a business manager and a part-time administrator employed by the SWPwA who were social work qualified). In a further layer of complication, another SWPwA also included a pre-existing team that had moved from the host local authority with another social work team to the new SWPwA. As noted above, one SWPwA was in a very different position to the others in that the local authority had previously delegated all its adult social care functions to what had become (currently) the Clinical Commissioning Group, as part of an earlier pilot development of Care Trusts. In another pilot the two social workers who had been working as agency or temporary staff (described by one manager as '*non-permanent*') for the local authority moved to self-employed status to do work for the newly created SWPwA:

Effectively we are all self-employed. So we all have our own limited companies, (we are) basically paying each person into their limited company and need to work out obviously tax and NI (National Insurance) and all of that. (SWPwA manager Time 1)

In this particular SWPwA one of the social workers had never held a permanent social work position since qualifying some years ago and was accustomed to this status. This SWPwA had also employed a part-time member of staff to do '*meditation, relaxation, yoga*' and planned to introduce this to care homes and to charge them for this, although it did not appear to have done this by the end of the pilot. It further contracted with an Occupational Therapist to offer advice on assistive technology in particular and to care home staff. The contractual and sub-contractual arrangements of this SWPwA were particularly complex considering its size.

SWPwA ethos

The ethos of each SWPwA as described by their staff included several components which were consciously formulated. We discuss aspects of these in this section, looking at the approaches taken by sites and their identified benefits and disadvantages. From staff working in the SWPwAs there were many expressions of feeling excited, that the idea was appealing and that the atmosphere was positive and motivating. Some emphasised their early sense of freedom from local authority '*control*':

You just feel there's a lot of potential in you and you just think you could do a much better job than when you actually worked in your council (SWPwA social worker Time 1)

Local authority commissioning staff also voiced their aspirations that the SWPwAs would be able to reduce bureaucracy and make changes to care that were beneficial but also cost saving. Some gave examples of ideas where this might possibly happen, such as enabling people to move from care homes to supported housing, to greater use of assistive technology and community engagement, or enabling service users to participate in paid employment or the local community through volunteering. Phrases such as '*using imagination*' and '*being creative*' were commonly used to describe the potential for new ways of working. One SWPwA manager felt there had been a '*massive difference psychologically*' in the attitude of staff all of whom had opted to work in the SWPwA. Another manager expressed a more business-orientated approach:

The interpreting business, which is actually an income generator already and the equipment, specialist equipment service, which we are hoping to be an income generator. (SWPwA manager Time 2)

However, new ways of working were less easy to specify. One SWPwA planned to set up a funding panel, which social workers would have to attend to present their cases for funding decisions. For frontline social workers such funding panels were often described as something symbolic of local authority bureaucracy to them, but as we noted in Chapter 5 they were being recreated. Another SWPwA expressed intentions to find out what community services were available in the locality with the implicit suggestion that this was not known to local social workers and that they were not able to find out this from other enquiries. Some voluntary sector participants felt

that from the user point of view the SWPwA ethos was not of particular interest or concern:

..as long as they are getting what they need and want when they want it. I'm not sure they are that bothered whether it's an independent organisation or the local authority. (Voluntary group representative Time 2)

This participant was troubled by the potential for raising people's expectations and letting them down. Talking of the SWPwA and its future, another participant said:

I worry a little bit, because they (users) will think it will be everybody's answer to everything the expectation that there is one or two poor social workers that's got to do everything and be everything to people. (Voluntary group representative Time 2)

Aspirations for greater autonomy

Examples of autonomy in practice include developing continual assessment instead of annual reviews of care packages, new supervision and appraisal policies for staff, and new procedures, although many of these were at the ideas stage in the first round of interviews. In relation to their core work, a theme across a number of the pilots was that of greater autonomy in being able to make financial decisions, as discussed in Chapter 5. This generally meant that the manager could agree budget expenditure on a care package but up to certain limits. One SWPwA manager considered increased autonomy would enable it to generate independent income through offering training more widely beyond the local authority area, which as a specialist team, it had carried out previously for free for local practitioners. This intention to market its services in this and in other ways would in turn require discussions about the access to training and other services it had from the local authority for its own staff, and others. Greater autonomy might enable it to make particular savings around employment costs, such as being free to employ new or replacement staff on different terms and conditions. Savings to the local authority budget were also anticipated by the SWPwA being able to request more NHS funding to meet certain costs that could be argued to be health related. One particular subject, needing to be managed within the contracted budget, was that of rising petrol costs in one SWPwA where staff undertook many client visits across wide areas. Greater autonomy was hoped to relieve such pressures to some extent by being able to change meeting places and by setting up groups for users on occasions, instead of individual meetings and by use of technology to communicate with users.

In smaller sized teams the SWPwA managers felt they were able to be more available to staff and could have greater confidence in the accuracy of their assessments and proposed actions. Staff generally agreed that managers were more available to them and encouraged more professional autonomy. One SWPwA in particular thought that approvals of expenditure were becoming far quicker because they required only one email and one only one piece of supporting

information. The benefit of this more localised decision making for users was described as a more rapid response.

Senior staff expressed very positive views about their increased autonomy, with one describing it as '*exhilarating*'; another depicting, in a more nuanced way, the process of launching the SWPwA as feeling as if they had been '*fired out of a cannon*'. Some advised building up external support for themselves in what could be quite a lonely position away from peers in the local authority. External trainers and facilitators were also recommended as bringing their skills and insights to the SWPwA in part compensation for this.

The pilot where the staff members were self-employed felt that they were often by nature more autonomous and adaptable, as most had been working as temporary or agency workers for many years. This pilot described itself as having '*total control over how we do things really*', possibly because staff did not have a caseload and were not undertaking statutory work in the main. However, as noted above, there were contractual expectations from the local authority of the number of reviews that would be done by this SWPwA (of people who were not eligible for publicly funded social care) and the number of Community Surgeries or attendance at community events that would be done each month (e.g. in church halls or sheltered housing complexes).

There were, of course, some limits to or disadvantages of autonomy according to the contract or service level agreement. One local authority, for example, had not agreed to pass over funds for staff training to its SWPwA. As observed above, staff members in one small SWPwA were very aware of the risks to the organisation of a staff member going on long term sick leave and the sizeable costs of meeting replacement staff out of its budget.

On the front line of practice, there were expressions of hope from staff working in different pilots that there would be scope to exercise greater autonomy. Part of this was to counter what some perceived to be the 'quite oppressive' culture of the local authority:

I think there's a lot of people who have worked for the department for a lot of years and are very resistant to change, I think that got a lot to do with it and that does breed a little bit of discontent, doesn't it? Management structure is quite oppressive at times in (the local authority). I've no doubt that the managers themselves feel oppressed. It is quite oppressive. It's everything is KPIs, KPIs, KPIs (Key Performance Indicators). (SWPwA social worker Time 2)

However, positive views of greater autonomy were expressed not always in terms of individual autonomy but as being part of a team. This newly fashioned team identity was valued highly for the atmosphere it created and the sense of interdependency it fostered. Autonomy was also expressed as independence from the local authority, as one social worker expressed this: '*it's more an independent body, more like a private sector body, if you like.*'

One example of the exercising of autonomy was where a social worker had found a service user living in a risky situation, but where the visiting home care workers had done nothing to report the rising risks. The SWPwA social worker felt that this case needed more attention. They welcomed being able to make decisions and ask questions. This social worker talked of the SWPwA as being '*exciting*' and '*refreshing*', despite the '*teething problems*' at set up.

Managerial autonomy or greater ability to make staffing decisions was also raised in the interviews. A new organisational context, such as the SWPwA, was seen to offer the opportunity to '*weed out quite a lot of historical under performers*' to '*make sure that everyone was pulling their weight.*' In this site, managers meet frequently with a lawyer who specialises in employment law to consider Human Resources (HR) problems about performance and productivity.

However, one SWPwA lead manager noted that in the larger pilots there was a risk that staff understanding of the SWPwA might vary, especially in early days. This SWPwA had held a major training event, which had exposed the lack of understanding of some staff about the changes that were going to happen with the SWPwA. Some were described as finding this a bit of a '*shock*' but the manager felt that this focused event had been a useful event in ensuring that all staff had greater awareness of the level and extent of change. Training for the SWPwA Board members was also recommended as a way of acquiring understanding of new responsibilities.

Challenges to expectations of increased autonomy were also experienced by some SWPwA managers when they felt that they were in effect recreating a '*mini-social services department*' once everything was in place, such as IT, managing part of or the entire budget, as well as working to local authority or their own policies, procedures and guidelines. There was some acknowledgement by SWPwA staff that remaining in local authority premises was not going to indicate to outsiders any greater organisational autonomy but generally the short time scale of the pilots meant that asking for new premises would be unrealistic. Being efficient and providing better access could be hard to achieve amid these requirements, which restricted autonomy.

Supervision, training and continuing professional development

Supervision practice and policy were emerging in the set up phases. Generally, the practice of supervision was bedding down, but still partially reflected aspirations. One small SWPwA had intended that peer supervision would take place regularly between members of the very small team but recognised that it might seek outside support and independence to help manage stress and distress. Staff from one site indicated that supervision was important, but that its frequency had not changed from that they had experienced formerly in the local authority. One social worker reported supervision every 6-8 weeks but more regular '*conversations*', while two junior social workers in different areas reported supervision every month with senior colleagues. Neither were experienced social workers and one referred to the

difficulties of not having many senior staff around to help with crises or challenging situations in the smaller team of the SWPwA.

All SWPwAs saw staff training as important. One in particular outlined an active learning and development culture whereby members of staff were completing external training courses and the SWPwA was offering practice placements for social work students. A very small number of social workers were undertaking training to enable them to be practice educators for social work students. Members of staff attended one-off training events. The information from them was reported to be cascaded through the team. In this SWPwA staff members were accessing training to spread skills more widely among the staff group while others were undertaking specialist training programmes. Continuing professional development (CPD) was part of such training and information events. In another SWPwA a new appraisal system and tailored CPD portfolios were being adopted among the team. These were seen by some staff as being more specific to their roles and activities than the generic local authority system that had previously been used.

Summary

The findings reported in this chapter on supervision, autonomy, and working practices mirror those reported on a wider scale within the adult social care sector. For most participants – social workers, SWPwA managers and commissioners alike – SWPwAs offered the potential for job satisfaction, autonomy and in some cases greater opportunities for team working than they had experienced working for the local authority. In other areas, such as supervision practice and access to CPD, there were more similarities with local authority working in terms of the variation that existed. The terms and conditions of employment varied across SWPwAs and an important message from the pilots is that, despite legal advice and assistance from HR departments, there were still teething issues that need to be resolved, such as access to office equipment, data access, or how petrol costs were to be calculated. However, as noted in previous chapters, the social workers and other staff were employed on different terms and conditions, most were seconded from local authorities, some had moved to the new organisation through TUPE arrangements and two smaller groups were either self-employed or had been recruited by the SWPwAs after they began and were working on different terms and conditions or were working under a short-term contract.

Chapter 11: CONCLUSIONS

'It is perhaps worth outlining what we hope success will look like under these pilots: better quality of service; greater work satisfaction for staff; greater satisfaction for service users and their carers through better outcomes; greater community involvement on the part of service users, both individually and through partnership with user-led organisations; greater community cohesion through more joined-up services, because we see the SWP acting as a catalyst to encourage wider partnerships within a locality; more opportunities for volunteering; less bureaucracy and greater efficiency in systems and procedures; and integration of services. If we can capture all those benefits, the pilots will have proved their worth'. (Howe 2012, Hansard, 20 Nov 2012: Column GC151)

This excerpt from the Minister's speech to Parliament forms the structure of this concluding chapter which is divided into eight sections. The Evaluation was requested by the research commissioners to respond to these specific points in its final report. As noted in the preceding chapters, the data has drawn upon a large (129) number of interviews with SWPwA staff, host commissioners, local voluntary and user group representatives, and people using SWPwA services, and should be set in the context of the other research commissioned on SWPwA practice by the DH (SCIE/University of Bristol 2012b; Constant 2012). The central themes for this concluding chapter thus comprise:

1. quality of service
2. work satisfaction for staff
3. satisfaction for service users and their carers through better outcomes
4. community involvement on the part of service users, both individually and through partnership with user-led organisations
5. community cohesion through more joined-up services, acting as a catalyst to encourage wider partnerships within a locality
6. opportunities for volunteering
7. bureaucracy and efficiency in systems and procedures
8. changes to integration of services.

Quality of service

As the previous chapters have reported, there were substantial differences between the SWPwAs. We suggested that one group of them could be considered as offering a specialist service to discrete client or user groups, indeed some of them were specialist teams before the SWPwA was contracted. The quality of their service and their responsibilities need to be seen in this context. The evidence from those interviewed is that the quality of such services was good, with subject and clinical expertise valued, continuity of care appreciated, and effective networking

encouraged with other services and professionals. A form of case management was particularly appreciated by those with severe and life-limiting disabilities. Those working in such specialist SWPwAs enjoyed the ability to work more independently and thought that the quality of their services had improved or had the potential to do so, within the current level of resources. Much depended, however, on the quality of the SWPwA manager and their relationship with the commissioning local authority. Furthermore, one key finding of this study is that the quality of commissioning is important to an enterprise such as a SWPwA. This was generally seen to be associated with the skills and personal effectiveness of the relevant local authority manager.

The other SWPwAs were varied and comparisons between them are difficult. Each had a contract with the host local authority and over the period of the SWPwA this was revised – generally by adding on cases or activity. In one SWPwA the contract was reviewed and a decision was taken to stop the SWPwA arrangement. The study data confirm that this decision was associated with the perceived quality of the service. There was a qualifying view expressed by some of those working for the SWPwA that the contract terms were too hard to meet. In another SWPwA the emphasis was more on information provision and the success of this was hard to assess as many of those who were provided with written and verbal information were unable to recall its contents and had several other sources of support. Others had several professional contacts and so the impact of any SWPwA-provided information was impossible to determine. SWPwAs that were commissioned to undertake reviews found that these were generally judged to be successful if the person was able to manage with less support and if they were done promptly. Those working with people new to social care services – in reablement – were following another model of SWPwA work, but the data suggest that it is possible to combine quality of service with rapid response and limited service use. If caseloads are too high then these positive indicators seem to be more risky. No SWPwA managed the hard task of managing social care budgets in these difficult times and they had not been passed particularly complex cases.

Overall service quality seems neither better nor worse in SWPwAs, the key seems to be what is described as an indicator of quality and how this is measured. In some SWPwAs the contract seemed to be focused on service input and numbers rather than quality. This left the SWPwA freer to propose dimensions of quality. We outlined in the interim report that the legalities of the contract and its definitions were experienced as difficult for the SWPwAs and the commissioners alike. Much money was spent on legal advice by both sides and this also took up considerable time. More assistance with this from national bodies was desired and seems desirable.

Work satisfaction for staff

The findings from the staff surveys and the interview data suggest that many of the SWPwA staff viewed working in a new organisation positively (as is often claimed by those working with social enterprises, Dearden-Phillips 2012b and in pilots, Spicker

2012). This is to be expected of course since all the staff that moved to the SWPwAs went voluntarily or, in the case of the social workers and other staff who were independent or working as locum or agency staff, there was greater security of income and work. Most who were employed also remained working on local authority terms and conditions. The exceptions to this were in the SWPwAs that were working for the Care Trust whose terms and conditions were largely unchanged as there was a prior agreement made in the earlier transfer of local authority staff to the Trust. Overall, staff's main misgivings about work related to broader developments experienced in local authorities, such as the move to 'mobile' working and increases in workloads. In one SWPwA where none of the staff had offices, they were reported to not mind working from home, but it should be remembered that in this SWPwA the staff did not undertake mainstream case or care management or carry a caseload.

Work satisfaction was clearly articulated by these pioneering managers. This group expressed its appreciation of working in a less hierarchical way and being 'in charge' of the contract. Their sense of mission and pride were almost tangible. They were thus troubled by the uncertainty of the future of SWPwAs and about re-tendering, fearing that the characteristics they had fostered would be lost in any 'takeover'. Some were aware that in a re-tendering exercise they would have to think carefully about costs and efficiencies. They were desirous but not confident of some protections in any future process of competitive tendering, such as changes to procurement and contracting law. In some SWPwAs middle managers felt under particular pressure. There was concern by some in a small number of SWPwAs that it was hard to keep up with the ambitions of charismatic leaders.

The promise of extra income from other sources had not materialised in most areas, despite extra government finance for some SWPwAs to develop business plans. The amounts paid for training and student placement were not substantial and arrangements for the latter are under review. Overall, however, the focus on adult social work was much appreciated and social workers felt that their work was newly valued in the SWPwAs, in contrast to local authority social work which they felt did not often receive encouragement or was insufficiently valued.

Satisfaction for service users and their carers through better outcomes

Two key themes stand out from the interviews with service users and carers. The first was the better continuity of care for those who received a type of case management from the SWPwA. In such arrangements having someone who knew you as an individual was highly valued especially when the person had any type of communication impairment or a difficult relationship with care services. Service users and carers outlined the importance of continuity of personnel and the greater reliability experienced from a very small team. These perceptions were also shared by many of the voluntary sector stakeholders who perhaps had a broader view of user and carer interests.

In other SWPwAs models user and carer satisfaction was more associated with the better focused nature of the social work (and equipment) response. The SWPwAs

that were specialist in nature by client group were able to build up an identity quickly and if they were able to take on new premises some users felt they were better able to meet enquiries and provide a more personal service or reception.

In a small number of SWPwAs there was greater contact between individual workers and service users and carers. The reasons for this were multi-faceted; some, for instance, were connected with small case loads and the SWPwAs' limited sphere of responsibilities. Safeguarding work, for example, was generally not included at the time-consuming level of investigation and intervention. Some complex case work in one SWPwA had to be brought back within the local authority. In other SWPwAs increased levels of direct work and face to face contact with service users were clearly part of their ethos and time spent on this was valued by managers. Indeed some host commissioners expressed their view that such face to face work was something that they had expressly included in the contract with the SWPwA. Service users with high levels of disability and life-limiting conditions were likely to be major users of social care services and early engagement with them was seen as improving the local authority response to meeting their needs, where previous involvement with this client group through care management processes was perceived to have been insufficient. In the smaller SWPwAs that took more of a case management approach service users were appreciative of this more personal and specialist relationship reminiscent for some of formidable figures in their lives.

However, it is important to recall that some service users expressed the view that there had been very little perceptible change since the SWPwAs. In some SWPwAs current service users were not able to make comparisons between previous contact with the local authority and their contact with the SWPwA. This means that comparisons of data on outcomes are hard to make. Many of those in contact with the larger SWPwAs had not encountered local authority social care or, in the case of the largest SWPwA, there was not yet any real change to investigate.

Community involvement on the part of service users, both individually and through partnership with user-led organisations

Many of the service users interviewed as part of this study were already involved with voluntary or community sector groups prior to the setting up of the SWPwA. People with specific impairments have often had long-term involvement with specialist support, information, and advocacy organisations. The SWPwAs had to tread a careful path not to destabilise these groups and were beginning to work with them. Some of these community groups acted as local advocates for the SWPwA as they felt it complemented their work and gave their members valuable access to specialists. In respect of partnership with the voluntary sector there was overlap in some SWPwAs with the local authority funding both sectors to be in contact with the same people, at the same events and for the same reasons. This dual funding would seem unlikely to last in the current financial climate.

We did not find that service users experienced greater community involvement following contact with the SWPwAs. In one SWPwA the focus of the social workers

was on telling local people about local facilities but many of these were already very well informed about these bodies, and some attended such resources and had clear and regular contact with the local authority. The model of community development in the SWPwAs was not yet well developed and none of the SWPwAs (to our knowledge) drew upon the local authorities' existing expertise in this area. As workloads increased in the SWPwAs some staff felt under pressure to manage the balance of community activity with actual client or user related work. One local authority expressed particular concern about the SWPwA's lack of performance in community development initiatives. The SWPwA argued that its work with individual service users was greater than anticipated.

Community cohesion through more joined-up services, SWPwA acting as a catalyst to encourage wider partnerships within a locality

There was little data relating to community cohesion as fostered by the SWPwA, indeed this was not generally spoken of as an ambition. Likewise there was little evidence of the SWPwA acting to encourage wider partnerships locally. The exceptions to this were the specialist SWPwAs where they joined with existing voluntary, community and advocacy groups to consider user needs and developments. As with the term 'integration', the term 'partnership' could be interpreted as good interagency communication, and caution is needed in eliding partnership, collaboration and integration.

Other interpretations of partnership were around efforts made by the SWPwA when trying to get further contracts. The data suggest that the notion of the SWPwAs promoting community cohesion was not one of its key objectives and this objective was not articulated in their contracts or performance indicators. The aspiration for the SWPwAs to work in partnership with other agencies or even to act as a catalyst was similarly not discernible. These aspirations are vague; since many aspects of SWPwA and indeed local authority activity could be seen as partnership working. The study concludes that this measure would be unsafe for decision making at commissioning level if used as currently expressed.

Opportunities for volunteering

Overall, enhanced opportunities for volunteering within SWPwAs were limited. This was attributed to a range of reasons, such as this not being a priority and the presence of pre-existing voluntary sector groups in the locality together with the wish not to appropriate their volunteers. Some of the SWPwAs did not have great experience of working with volunteers in social care.

For three pilots it was still early days (mid 2013) in establishing any volunteer input. One pilot had not established any volunteering, and one of its social workers did not see this as their role. However, elsewhere others described how volunteering by users, carers and wider community members was encouraged. Nonetheless, fears were voiced by groups of volunteers in this area that the SWPwA was inexperienced in managing volunteers and could jeopardise good relationships by seeking to recruit existing volunteers. This tension remains unresolved more broadly.

Two SWPwAs were keen to work with volunteers, but on closer examination this might also have been interpreted as peer support and user engagement. It was sometimes not clear if the term 'volunteer' had a common understanding and care should be taken to clarify meanings and messages. Engagement with the knowledge and the resources of the wider voluntary sector about volunteering was in its infancy.

Overall the evidence from the data is that increasing opportunities for volunteering were not a significant activity for the SWPwA pilots who recognised that this would require an injection of resources and expertise to expand this activity as well as local stakeholder support. As a performance measure, counting the social investment of volunteers would be an imprecise measure if applied directly to SWPwA organisations.

Bureaucracy and efficiency in systems and procedures

In the interviews 'bureaucracy' was associated with delay, hierarchal decision making, and rules for rules' sake. It was rarely seen as a way of being fair and accountable. This was illustrated in interviews with commissioners as well as SWPwA staff.

Although the policy intention behind setting up SWPwAs was to reduce bureaucracy around data collection and recording, there was very little evidence that SWPwAs were able to achieve this.

Nonetheless there were areas where greater efficiencies were evident, but these seemed to be largely associated with ability to make financial or management decisions in some areas, e.g. over purchasing of equipment or deployment of staff. Having the ability to negotiate 'good deals' was valued but uncoded since the potential of making economies of scale was not calculated and auditing and other financial requirements had not been part of business planning.

Efficiencies with respect to local authority money (public money) extend to more than just physical equipment. As we have reported, in some SWPwA areas concern was expressed that the SWPwA staff were not sufficiently skilled in advocating for service users' access to funding from other sources than the local authority. In other SWPwA areas where cases were seen as 'complex' there were arrangements where both the SWPwA and local authority staff were providing support to some users necessitating dual or double funding. This may be characteristic of early pilots but is, of course, expensive over the long term.

There was evidence from the commissioners about the questionable sustainability of the SWPwAs once the real running costs were established and the 'uncoded' local authority support was entered into the balance sheets. Excluding the SWPwA emerging from a Care Trust where financial calculations are unique, local authority financial managers raised the following matters:

- Loss of economies of scale e.g. around accommodation costs, by an independent company managing care budgets and setting up services that may cost more than the local authority is paying.

- The need to have full open figures from any supplier (such as a SWPwA) to show how profit margins are calculated, how money is allocated to overheads, staff, marketing, etc. and then how the transition from a 'council-supported business' can move to a sustainable independent business that can meet all its the costs such as management and back-office functions.
- How frontline services can be appropriately supported 'behind the scenes'? How can money paid by the local authority not be used to 'prop up' other functions of an organisation's business?

In other SWPwA areas local authority financial managers were sympathetic about the financial difficulties facing the SWPwAs, including sometimes facing the real costs of their accommodation and back room functions. They acknowledged that TUPE implications would also have a financial impact on any outsourcing and these were likely to be difficult and contentious as two tier staffing groups might emerge (one on local authority terms and conditions and another not). Important points were emerging from the SWPwA that was emerging from a Care Trust about commissioners not underestimating the time and expertise needed to gain a full financial picture (valuations, overheads, systems, processes, contractual relationships) of any new enterprise intending to take over care budgets.

Changes to integration of services

During the last months of the SWPwA pilots there was increasing policy emphasis on integration. This affected the SWPwAs in different ways. For some this seemed to be a threat to their sustainability; for others the interest in integration did not translate to engagement with key decision makers in the new landscape of CCGs and Health and Well-Being Boards. Other elements of integration, such as the national information sharing strategy (DH 2012) were not making any impact, although social workers have been promised that this will assist in data sharing (Donovan, 2012).

Among most of the SWPwA pilots there was uncertainty about integration when spoken of as a policy change; it was easier to talk about collaboration with the NHS (in particular) which could be referred to as integration but generally seemed more connected to joint working, interagency communication and multi-professional work.

Some SWPwAs hoped that integration might bring in other funding; others seemed to think that this would take time to arrange and that they should concentrate on better joint working. The wider debate about integration had delayed decision making in one SWPwA.

As is well known, one of the SWPwA pilots had started in an integrated Care Trust but moved to a CIC in late 2013. The irony of this happening when integration was the new policy priority was not lost on the staff but they acknowledged that almost being a permanent pilot meant that their changes and circumstances were likely to be unique. What is particularly interesting from this pilot is their experience of taking time over reorganisation which they used to build alliances and to address and clarify business matters. Nonetheless, this experience was not related to the taking on of

statutory social work since the changes consequent on this activity had already been resolved when they became a Care Trust. Staff in this pilot had been guaranteed terms and conditions that remain unresolved in other areas and were used to undertaking statutory work in much the same way as if they were working in an integrated Mental Health Team, for example. They were also less troubled by the possibility that their work would be at risk from further re-tendering. These issues remain causes of concern in most of the other pilots.

The evidence from the data currently is that with this one exception where the SWPwA 'dis-integrated' from the Care Trust, the SWPwA pilots did not affect existing or planned integration of services (either more or less) and that it was too early for the new policy emphasis to affect their workings. In the one key exception, the reasons for this did not appear to be particularly associated with the SWPwA and this was confirmed by the stakeholders locally. However, it is possible to see another SWPwA where the contract was terminated early as being an experiment in integration of local authority activities and responsibilities with a large regional voluntary sector group. As we have outlined in the preceding chapters, the reasons for this were attributed in part by the commissioners to the inexperience of the voluntary sector group in managing cases of complexity and providing the necessary social work oversight. Other views about this were expressed but not in such detail or with such an amount of evidence behind them.

Summary

It would indeed be hard for any organisation to be able to deliver against all eight of the indicators presented to Parliament in 2012, as outlined at the start of this chapter. Some of these quality indicators lack specificity and so are not easy to relate to performance or even activity. We observed that the process of outsourcing part of adult services' statutory responsibilities (mainly under the NHS and Community Care Act 1990) was hard to judge as the pilots were so varied and their commissions so diverse. What was piloted was a series of separate activities, one of which did not even involve the delegated legal functions permitted by the change in Regulations and another of which started from a different legal organisational position. At the end of 2013 there is evidence that the commissioners were addressing performance indicators more assertively than had been done previously. This is one important learning point from the pilot process, namely the effects on enhancing commissioners' expertise and systems of contracting and contract management.

We found strong evidence that specialist SWPwAs could work well, but not all of them did so as ultimately judged by the commissioners in terms of continued funding of the SWPwA. In taking on aspects of case management some were better able to provide continuity of care and coordination, but when they were small in size they were vulnerable. User and carer support for such activities was not always matched by local authority confidence in their efficiency or sustainability.

The enthusiasm for being more independent was almost tangible among some

SWPwAs. As noted in the interim report, most of them did not in the end choose an identity of being social work led. As pilots they were characterised by enthusiasm for making a difference and innovation – which of course is the case for almost all pilots. Some found that the contract they had agreed to was very much about assessment, care planning, and reviews as part of care management and that this left little room for innovation. At a time when many local authorities are requiring staff members to be more mobile with no office base, some SWPwAs evinced practitioner appreciation of working in space that was accessible to their service users, but this was not the case in all SWPwAs.

Contentions about the legal responsibilities of the SWPwAs and the statutory responsibilities they exercised had yet to emerge over the course of this Evaluation. There did not appear to be any legal challenge or dispute as yet. This is generally because the commissioners were selective in that they passed cases to the SWPwAs that were not contentious; also, some complex cases were passed back to the local authority. Most SWPwAs did not have to make decisions that were challengeable and they had the time to seek acceptable alternatives for individuals if support and care were being changed. The pilots therefore do not contain learning in this regard, although some of the pilot members of staff were surprised at the level of insurance and indemnity required. The local authorities provided a safety net that, as yet, has not been tested. Greater clarity about regulatory requirements would be helpful and the Care Quality Commission (CQC) might wish to consider developing some guidance in its new operating plans.

Users and carers should be at the centre of local authority social care provision and it is appropriate to end with a summary of their views of the SWPwAs. For some they made no difference, for others they were a boon, for a very small number the SWPwA was associated with a time of local authority austerity and difficulties of accessing support as a result. There were many good news stories about the SWPwAs but the Evaluation noted that these were hard to generalise and the local voluntary sector was also able to provide accounts of similar and parallel initiatives, some of which were also funded by local authority contracts.

As recommended in Jowell's (2003) review of government pilots, a mixed methods approach was adopted in this evaluation to gather evidence about both the processes and the impact of SWPwAs. We worked under a definition of process evaluation being '*a form of programme monitoring designed to determine whether the programme is delivered as intended to the targeted recipients*' (Purdon et al 2001). However, problems are commonly encountered in the study of pilot initiatives (Spicker, 2012, p12) especially when they are constructed in different ways. Spicker noted that pilots are often undertaken by committed professionals who are active innovators. This was true of the SWPwAs, but also applied to many of the commissioners. This means that positive accounts were liable to be generated not by the characteristic of the innovation so much but as a consequence of the energy and enthusiasm that they commanded. Along the line, such enthusiasm was not always equally demonstrated by those who were less committed or less convinced.

Local authorities called for more precise legal, procurement, contractual, and performance management, as well as financial expertise and support from central government at the start of the SWPwAs and this continued to be desired across the lifetime of the pilots. We observed considerable investment by SWPwAs in legal advice regarding their organisational and business development and they felt this could have been addressed by a pooled legal resource for establishing SWPwAs. Commissioners also argued that national resources might have enabled them to have been better commissioners and would have enabled costs to be reduced. Those working in SWPwAs appreciated good commissioning but also personal encouragement from the commissioners and more general interest in social work with adults. One important message from this Evaluation is just how welcome positive interest in adult social work was and indeed how sadly unusual that was the case in the experiences of social work practitioners.

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Appendix 1:

Members of the SWPwA Project Support Group (PSG)

Jo Cleary, Association of Directors of Adult Social Services (ADASS), Chair

Tim Hind, Local Government Association (LGA)

Tricia Gbingie, British Association of Social Workers (BASW)

John Crook, Department of Health (DH)

Keith Wright, DH

Joe Mairura or Pat Higham, The College of Social Work

Sue Bott, National Council for Independent Living (now Disability UK)

Stephen Goulder, Social Care Institute for Excellence (SCIE)

Robert Templeton, SCIE (until departure)

Roisin Joel / Steve Palmer, SCIE

Gail Tucker, Project Team (consultant)

Kathy Warner, Project Team (consultant)

Cathie Williams, Project Manager for SCIE

In addition to the above, the **SWPwA Steering Group** included:

Glen Mason (DH) as Chair

Amber Longstaff (until her departure from the Department for Education, mid 2012).

Technical Appendix:

APPENDIX

RESPONSE RATE

T1

Pilot: 76%
Host: 40%
Comparison: 50%
Overall: 42%

T2

Pilot: 70%
Host: 36%
Comparison: 38%
Overall: 39%

SAMPLE PROFILE

T1: July 2012- Feb 2013

T2: Aug 2013- Feb 2014

Sample		Data Point		Total
		T1	T2	
Group	Host	988	771	1759
	Comparison	548	399	947
	Pilot	109	163	272
Total		1645	1333	2978

PERSONAL CHARACTERISTICS

Gender

Group, Time and Gender

Data Point				Group			Total
				Host	Comparison	Pilot	
T1	Are you	Female	Count	767a	434a, b	97b	1298
			% within Group	79.9%	81.4%	89.8%	81.1%
	Male		Count	193a	99a, b	11b	303
			% within Group	20.1%	18.6%	10.2%	18.9%

T2	Total	Count	960	533	108	1601	
		% within Group	100.0%	100.0%	100.0%	100.0%	
	Are you	Female	Count	612a	314a	148b	1074
		% within Group	81.4%	80.5%	90.8%	82.3%	
	Male	Count	140a	76a	15b	231	
		% within Group	18.6%	19.5%	9.2%	17.7%	
Total	Total	Count	752	390	163	1305	
		% within Group	100.0%	100.0%	100.0%	100.0%	
	Are you	Female	Count	1379a	748a	245b	2372
		% within Group	80.5%	81.0%	90.4%	81.6%	
	Male	Count	333a	175a	26b	534	
		% within Group	19.5%	19.0%	9.6%	18.4%	
Total	Count	1712	923	271	2906		
	% within Group	100.0%	100.0%	100.0%	100.0%		

Each subscript letter denotes a subset of Group categories whose column proportions do not differ significantly from each other at the .05 level.

Statistical tests: Gender

Data Point				Value	Asymp. Std. Error ^a	Approx. T _b	Approx. Sig.
T1	Ordinal by Ordinal	Gamma	Zero-Order	-0.114	0.061	-1.903	0.057
		Spearman Correlation		-0.046	0.024	-1.833	.067c
	Interval by Interval Measure of Agreement	Pearson's R		-0.053	0.023	-2.139	.033c
		Kappa		-0.018	0.02	-0.907	0.365
		N of Valid Cases			1601		
T2	Ordinal by Ordinal	Gamma	Zero-Order	-0.114	0.065	-1.79	0.073
		Spearman Correlation		-0.047	0.026	-1.693	.091c
	Interval by Interval Measure of Agreement	Pearson's R		-0.059	0.025	-2.135	.033c
		Kappa		0	0.021	0.006	0.995
		N of Valid Cases			1305		

Total	Ordinal by Ordinal	Gamma	Zero-Order	-0.115	0.044	-2.635	0.008
			First-Order Partial	-0.114			
	Interval by Interval Measure of Agreement	Spearman Correlation		-0.047	0.018	-2.516	.012c
		Pearson's R		-0.057	0.017	-3.064	.002c
		Kappa		-0.01	0.014	-0.683	0.495
		N of Valid Cases			2906		

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Ethnicity

Data Point		Group			Total	
		Host	Comparison	Pilot		
T1	Ethnicity	White British	742a 78.3%	443b 84.1%	89a, b 84.0%	1274 80.6%
		White other	74a 7.8%	24b 4.6%	8a, b 7.5%	106 6.7%
		Mixed	21a 2.2%	4a 0.8%	1a 0.9%	26 1.6%
		Asian	32a 3.4%	35b 6.6%	2a, b 1.9%	69 4.4%
		Black	66a 7.0%	19b 3.6%	6a, b 5.7%	91 5.8%
		Other	13a 1.4%	2a 0.4%	0a 0.0%	15 0.9%
		Total	948 100.0%	527 100.0%	106 100.0%	1581 100.0%
	Ethnicity	White British	479a 75.8%	282b 83.9%	128b 85.9%	889 79.6%
		White other	53a 8.4%	13b 3.9%	8a, b 5.4%	74 6.6%
		Mixed	18a 2.8%	2a 0.6%	4a 2.7%	24 2.1%
Asian		22a, b 3.5%	22b 6.5%	2a 1.3%	46 4.1%	
Black		54a 8.5%	15a 4.5%	7a 4.7%	76 6.8%	
Other		6a	2a	0a	8	

Total	Ethnicity	Total	0.9%	0.6%	0.0%	0.7%
			632	336	149	1117
			100.0%	100.0%	100.0%	100.0%
		White British	1221a	725b	217b	2163
			77.3%	84.0%	85.1%	80.2%
		White other	127a	37b	16a, b	180
			8.0%	4.3%	6.3%	6.7%
		Mixed	39a	6b	5a, b	50
			2.5%	0.7%	2.0%	1.9%
		Asian	54a	57b	4a	115
			3.4%	6.6%	1.6%	4.3%
		Black	120a	34b	13a, b	167
			7.6%	3.9%	5.1%	6.2%
		Other	19a	4a	0a	23
			1.2%	0.5%	0.0%	0.9%
		Total	1580	863	255	2698
			100.0%	100.0%	100.0%	100.0%

Each subscript letter denotes a subset of Group categories whose column proportions do not differ significantly from each other at the .05 level.

Symmetric Measures						
Data Point			Value	Asymp. Std. Error ^a	Approx. Tb	Approx. Sig.
T1	Ordinal by Ordinal	Gamma Zero-Order	-0.163	0.058	-2.916	0.004
	Spearman Correlation		-0.071	0.024	-2.833	.005c
	Interval by Interval	Pearson's R	-0.062	0.023	-2.482	.013c
	Measure of Agreement	Kappa	-0.044	0.013	-3.118	0.002
	N of Valid Cases		1581			
T2	Ordinal by Ordinal	Gamma Zero-Order	-0.23	0.063	-3.747	0
		Spearman Correlation	-0.107	0.028	-3.595	.000c
	Interval by Interval	Pearson's R	-0.092	0.027	-3.078	.002c
	Measure of Agreement	Kappa	-0.055	0.015	-3.523	0
	N of Valid Cases		1117			
Total	Ordinal by Ordinal	Gamma Zero-Order	-0.192	0.043	-4.639	0
		First-Order Partial	-0.187			
		Spearman Correlation	-0.086	0.018	-4.481	.000c
	Interval by	Pearson's R	-0.074	0.018	-3.876	.000c

	Interval					
	Measure of Agreement	Kappa	-0.048	0.01	-4.626	0
	N of Valid Cases		2698			

AGE

Data Point		age
T1	Mean	46.222
	N	1599
	Std. Deviation	10.44223
T2	Mean	46.1881
	N	1297
	Std. Deviation	10.47676
Total	Mean	46.2068
	N	2896
	Std. Deviation	10.45591

		Sum of Squares	df	Mean Square	F	Sig.
age * Data Point	Between Groups	0.822	1	0.822	0.008	0.931
	Within Groups	316498.282	2894	109.364		
	Total	316499.105	2895			

Group		age
Host	Mean	45.1576
	N	1701
	Std. Deviation	10.91329
Comparison	Mean	48.6738
	N	929
	Std. Deviation	8.98155
Pilot	Mean	44.3008
	N	266
	Std. Deviation	10.7591
Total	Mean	46.2068
	N	2896
	Std. Deviation	10.45591

		Sum of Squares	df	Mean Square	F	Sig.
age * Group	Between Groups	8493.215	2	4246.607	39.887	0
	Within Groups	308005.89	2893	106.466		
	Total	316499.105	2895			

Reported Disability

Any Disability	Group			Total
	Host	Comparison	Pilot	
T1				
Yes	131a	87a	17a	235
	13.70%	16.40%	15.90%	14.70%
No	824a	445a	90a	1359
	86.30%	83.60%	84.10%	85.30%
	955	532	107	1594
	100.00%	100.00%	100.00%	100.00%
T2				
Yes	91a	55a	28a	174
	12.00%	14.00%	17.30%	13.30%
No	666a	338a	134a	1138
	88.00%	86.00%	82.70%	86.70%
	757	393	162	1312
	100.00%	100.00%	100.00%	100.00%
TOTAL				
Yes	222a	142a	45a	409
	13.00%	15.40%	16.70%	14.10%
No	1490a	783a	224a	2497
	87.00%	84.60%	83.30%	85.90%
	1712	925	269	2906
	100.00%	100.00%	100.00%	100.00%

Symmetric Measures					
Data Point		Value	Asymp. Std. Error ^a	Approx. T _b	Approx. Sig.
T1	Ordinal by Ordinal	-0.09	0.065	-1.345	0.179
		-0.034	0.025	-1.363	.173c
	Interval by Interval	-0.031	0.025	-1.257	.209c
	Measure of Agreement	-0.018	0.013	-1.397	0.162
	N of Valid Cases	1594			
T2	Ordinal by Ordinal	-0.125	0.071	-1.697	0.09

		-0.048	0.028	-1.756	.079c
	Interval by Interval	-0.051	0.029	-1.842	.066c
	Measure of Agreement	-0.014	0.013	-1.117	0.264
	N of Valid Cases	1312			
Total	Ordinal by Ordinal	-0.103	0.048	-2.086	0.037
		-0.104			
		-0.04	0.019	-2.131	.033c
	Interval by Interval	-0.039	0.019	-2.111	.035c
	Measure of Agreement	-0.016	0.009	-1.797	0.072
	N of Valid Cases	2906			

General Health

General Health	Group			Total
	Host	Comparison	Pilot	
T1				
Excellent	243a	130a	33a	406
	25.10%	24.20%	30.60%	25.20%
Good	524a	279a	47a	850
	54.10%	52.00%	43.50%	52.70%
Fair	150a	101a	19a	270
	15.50%	18.80%	17.60%	16.70%
Poor	47a	23a	7a	77
	4.90%	4.30%	6.50%	4.80%
Very Poor	4a	4a	2a	10
	0.40%	0.70%	1.90%	0.60%
Total	968	537	108	1613
	100.00%	100.00%	100.00%	100.00%
T2				
Excellent	201a	92a	52a	345
	26.40%	23.20%	31.90%	26.10%
Good	400a	202a	78a	680
	52.60%	51.00%	47.90%	51.50%
Fair	128a	74a	29a	231
	16.80%	18.70%	17.80%	17.50%
Poor	28a	22a	4a	54
	3.70%	5.60%	2.50%	4.10%
Very Poor	4a	6a	0a	10
	0.50%	1.50%	0.00%	0.80%
Total	761	396	163	1320
	100.00%	100.00%	100.00%	100.00%
TOTAL				
Excellent	444a, b	222b	85a	751

	25.70%	23.80%	31.40%	25.60%
Good	924a	481a	125a	1530
	53.40%	51.60%	46.10%	52.20%
Fair	278a	175a	48a	501
	16.10%	18.80%	17.70%	17.10%
Poor	75a	45a	11a	131
	4.30%	4.80%	4.10%	4.50%
Very Poor	8a	10a	2a	20
	0.50%	1.10%	0.70%	0.70%
Total	1729	933	271	2933
	100.00%	100.00%	100.00%	100.00%

Statistical measures

		Value	Asymp. Std. Errora	Approx. Tb	Approx. Sig.
T1					
Ordinal by Ordinal	Gamma	0.03	0.04	0.752	0.452
	Spearman Correlation	0.019	0.025	0.765	.444c
Interval by Interval	Pearson's R	0.023	0.026	0.917	.359c
Measure of Agreement	Kappa	-0.003	0.015	-0.224	0.822
N of Valid Cases		1613			
T2					
Ordinal by Ordinal	Gamma	0.017	0.042	0.416	0.677
	Spearman Correlation	0.011	0.028	0.413	.680c
Interval by Interval	Pearson's R	0.001	0.027	0.042	.967c
Measure of Agreement	Kappa	0.001	0.017	0.038	0.97
N of Valid Cases		1320			
TOTAL					
Ordinal by Ordinal	Gamma	0.024	0.029	0.833	0.405
		0.025			
	Spearman Correlation	0.015	0.019	0.839	.402c
Interval by Interval	Pearson's R	0.012	0.019	0.644	.519c
Measure of Agreement	Kappa	-0.001	0.011	-0.12	0.904
N of Valid Cases		2933			

PROFESSIONAL CHARACTERISTICS

Registration

	Are you registered with a professional body	Group			Total
		Host	Comparison	Pilot	
T1	Yes, other body (please specify)	339a	23b	29a	391
		36.10%	4.40%	27.40%	25.00%
	Yes, Health & Care Professions Council (HCPC)	312a	288b	47a, b	647
		33.20%	55.40%	44.30%	41.30%
	Yes, nursing or midwifery	73a	10b	2a, b	85
		7.80%	1.90%	1.90%	5.40%
	Yes, occupational therapy	19a	18a	6a	43
		2.00%	3.50%	5.70%	2.70%
	Not registered	19a	73b	1a	93
		2.00%	14.00%	0.90%	5.90%
	Not applicable	178a	108a	21a	307
		18.90%	20.80%	19.80%	19.60%
Total		940	520	106	1566
		100.00 %	100.00%	100.00 %	100.00 %
T2	Yes, other body (please specify)	17a	12a	7a	36
		2.30%	3.10%	4.30%	2.80%
	Yes, Health & Care Professions Council (HCPC)	334a	225b	53c	612
		44.40%	58.10%	32.90%	47.10%
	Yes, nursing or midwifery	12a	9a	3a	24
		1.60%	2.30%	1.90%	1.80%
	Yes, occupational therapy	10a	8a	1a	19
		1.30%	2.10%	0.60%	1.50%
	Not registered	155a	65a	31a	251
		20.60%	16.80%	19.30%	19.30%
	Not applicable	224a	68b	66c	358
		29.80%	17.60%	41.00%	27.50%
Total		752	387	161	1300
		100.00 %	100.00%	100.00 %	100.00 %
TOTAL	Yes, other body (please specify)	356a	35b	36c	427
		21.00%	3.90%	13.50%	14.90%
	Yes, Health & Care	646a	513b	100a	1259

	Professions Council (HCPC)				
		38.20%	56.60%	37.50%	43.90%
	Yes, nursing or midwifery	85a	19b	5a, b	109
		5.00%	2.10%	1.90%	3.80%
	Yes, occupational therapy	29a	26a	7a	62
		1.70%	2.90%	2.60%	2.20%
	Not registered	174a	138b	32a, b	344
		10.30%	15.20%	12.00%	12.00%
	Not applicable	402a	176b	87c	665
		23.80%	19.40%	32.60%	23.20%
Total		1692	907	267	2866
		100.00 %	100.00%	100.00 %	100.00 %

Statistical tests

Data Point		Value	Asymp. Std. Error ^a	Approx. Tb	Approx. Sig.
T1	Ordinal by Ordinal	0.272	0.034	7.833	0
		0.194	0.024	7.836	.000c
	Interval by Interval	0.121	0.025	4.81	.000c
	Measure of Agreement	-0.08	0.01	-8.115	0
	N of Valid Cases	1566			
T2	Ordinal by Ordinal	-0.06	0.042	-1.429	0.153
		-0.04	0.029	-1.453	.146c
	Interval by Interval	-0.009	0.029	-0.341	.734c
	Measure of Agreement	-0.021	0.01	-2.044	0.041
	N of Valid Cases	1300			
Total	Ordinal by Ordinal	0.127	0.027	4.734	0
		0.14			
		0.089	0.019	4.764	.000c
	Interval by Interval	0.07	0.019	3.735	.000c
	Measure of Agreement	-0.054	0.007	-7.528	0
	N of Valid Cases	2866			

Grade/Level

Grade/level	Group			Total
	Host	Comparison	Pilot	
T1				
Frontline	617a	356a	86a	1059

Practitioner				
	76.20%	70.40%	80.40%	74.40%
Manager	131a	125b	6c	262
	16.20%	24.70%	5.60%	18.40%
Both	62a, b	25b	15a	102
	7.70%	4.90%	14.00%	7.20%
Total	810	506	107	1423
	100.00%	100.00%	100.00%	100.00%
T2				
Frontline Practitioner	421a	260a	97a	778
	67.00%	68.40%	71.90%	68.10%
Manager	141a, b	98b	21a	260
	22.50%	25.80%	15.60%	22.70%
Both	66a	22b	17a	105
	10.50%	5.80%	12.60%	9.20%
Total	628	380	135	1143
	100.00%	100.00%	100.00%	100.00%
TOTAL				
Frontline Practitioner	1038a	616a	183a	1837
	72.20%	69.50%	75.60%	71.60%
Manager	272a	223b	27c	522
	18.90%	25.20%	11.20%	20.30%
Both	128a	47b	32a	207
	8.90%	5.30%	13.20%	8.10%
Total	1438	886	242	2566
	100.00%	100.00%	100.00%	100.00%

Statistical tests

		Value	Asymp. Std. Error ^a	Approx. Tb	Approx. Sig.
T1					
Ordinal by Ordinal	Gamma	0.06	0.053	1.123	0.261
	Spearman Correlation	0.03	0.027	1.131	.258c
Interval by Interval	Pearson's R	0.021	0.028	0.779	.436c
Measure of Agreement	Kappa	0.074	0.021	3.696	0
N of Valid Cases		1423			
T2					
Ordinal by Ordinal	Gamma	-0.058	0.054	-1.081	0.28

	Spearman Correlation	-0.032	0.03	-1.085	.278c
Interval by Interval	Pearson's R	-0.03	0.031	-0.998	.319c
Measure of Agreement	Kappa	0.016	0.023	0.7	0.484
N of Valid Cases		1143			
TOTAL					
Ordinal by Ordinal	Gamma	0.005	0.038	0.137	0.891
		0.008			
	Spearman Correlation	0.003	0.02	0.139	.890c
Interval by Interval	Pearson's R	-0.001	0.021	-0.035	.972c
Measure of Agreement	Kappa	0.048	0.016	3.181	0.001
N of Valid Cases		2566			

Job Title

Are you (select only one):	Group			Total
	Host	Comparison	Pilot	
T1				
Other (please specify)	387a	181b	45a, b	613
	42.50%	34.90%	42.10%	39.90%
Qualified social worker	345a	272b	42a	659
	37.90%	52.40%	39.30%	42.90%
Support worker	178a	66b	20a, b	264
	19.60%	12.70%	18.70%	17.20%
Total	910	519	107	1536
	100.00%	100.00%	100.00%	100.00%
T2				
Other (please specify)	256a	117a	73b	446
	35.90%	30.20%	46.50%	35.50%
Qualified social worker	299a	210b	46c	555
	41.90%	54.10%	29.30%	44.10%
Support worker	158a	61b	38a, b	257
	22.20%	15.70%	24.20%	20.40%
Total	713	388	157	1258
	100.00%	100.00%	100.00%	100.00%

TOTAL				
Other (please specify)	643a	298b	118a	1059
	39.60%	32.90%	44.70%	37.90%
Qualified social worker	644a	482b	88a	1214
	39.70%	53.10%	33.30%	43.50%
Support worker	336a	127b	58a	521
	20.70%	14.00%	22.00%	18.60%
Total	1623	907	264	2794
	100.00%	100.00%	100.00%	100.00%

Statistical tests

		Value	Asymp. Std. Error ^a	Approx. Tb	Approx. Sig.
T1					
Ordinal by Ordinal	Gamma	0.023	0.041	0.56	0.575
	Spearman Correlation	0.014	0.025	0.564	.573c
Interval by Interval	Pearson's R	0.002	0.026	0.088	.930c
Measure of Agreement	Kappa	-0.065	0.013	-5.044	0
N of Valid Cases		1536			
T2					
Ordinal by Ordinal	Gamma	-0.04	0.044	-0.905	0.366
	Spearman Correlation	-0.026	0.029	-0.93	.353c
Interval by Interval	Pearson's R	-0.032	0.03	-1.122	.262c
Measure of Agreement	Kappa	-0.039	0.014	-2.679	0.007
N of Valid Cases		1258			
TOTAL					
Ordinal by Ordinal	Gamma	-0.005	0.03	-0.151	0.88
		-0.004			
	Spearman Correlation	-0.003	0.019	-0.145	.884c
Interval by Interval	Pearson's R	-0.011	0.02	-0.577	.564c
Measure of Agreement	Kappa	-0.054	0.01	-5.559	0

N of Valid Cases	2794			
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Full/Part Time working

Work Pattern	Group			Total
	Host	Comparison	Pilot	
T1				
Full Time	683a	375a	71a	1129
	74.80%	72.70%	67.00%	73.60%
Part Time	229a	141a	35a	405
	25.10%	27.30%	33.00%	26.40%
Total	913	516	106	1535
	100.00%	100.00%	100.00%	100.00%
T2				
Full Time	565a	278b	93c	936
	79.00%	71.60%	57.80%	74.10%
Part Time	150a	110b	68c	328
	21.00%	28.40%	42.20%	25.90%
Total	715	388	161	1264
	100.00%	100.00%	100.00%	100.00%
TOTAL				
Full Time	1248a	653b	164c	2065
	76.70%	72.20%	61.40%	73.80%
Part Time	379a	251b	103c	733
	23.30%	27.80%	38.60%	26.20%
Total	1628	904	267	2799
	100.00%	100.00%	100.00%	100.00%

Statistical tests

		Value	Asymp. Std. Errora	Approx. Tb	Approx. Sig.
T1					
Ordinal by Ordinal	Gamma	0.084	0.054	1.525	0.127
	Spearman Correlation	0.04	0.026	1.549	.122c

Interval by Interval	Pearson's R	0.035	0.026	1.352	.176c
Measure of Agreement	Kappa	0.022	0.022	1.018	0.309
N of Valid Cases		1535			
T2					
Ordinal by Ordinal	Gamma	0.289	0.052	5.1	0
	Spearman Correlation	0.149	0.029	5.364	.000c
Interval by Interval	Pearson's R	0.157	0.029	5.665	.000c
Measure of Agreement	Kappa	0.071	0.022	3.206	0.001
N of Valid Cases		1264			
TOTAL					
Ordinal by Ordinal	Gamma	0.182	0.038	4.618	0
		0.172			
	Spearman Correlation	0.09	0.019	4.781	.000c
Interval by Interval	Pearson's R	0.09	0.02	4.797	.000c
Measure of Agreement	Kappa	0.045	0.016	2.874	0.004
N of Valid Cases		2799			

Length of time in social care sector

Group		Length of time in years working in social/care work.
Host	Mean	12.185
	N	1617
	Std. Deviation	8.87635
Comparison	Mean	18.4862
	N	896
	Std. Deviation	9.22054
Pilot	Mean	12.4677
	N	255
	Std. Deviation	9.67866
Total	Mean	14.2507
	N	2768
	Std. Deviation	9.52415

	Sum of Squares	df	Mean Square	F	Sig.
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Between Groups	23783.97	2	11891.985	144.718	0
Within Groups	227209.248	2765	82.173		
Total	250993.219	2767			

Length of time in current post

Group		Length of time in current post in years
Host	Mean	4.9883
	N	1648
	Std. Deviation	4.84471
Comparison	Mean	7.4069
	N	912
	Std. Deviation	5.96946
Pilot	Mean	4.9216
	N	268
	Std. Deviation	5.1893
Total	Mean	5.7619
	N	2828
	Std. Deviation	5.3842

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3643.435	2	1821.717	65.718	0
Within Groups	78310.043	2825	27.72		
Total	81953.477	2827			

JOB AND OCCUPATION SATISFACTION

Level of satisfaction with current job (max 7)

Level of satisfaction with current employer (max 7)

Report				
Group	Data Point		How happy are you with your current job	How happy are you with your employer
Host	T1	Mean	4.8119	4.2518
		N	707	711
		Std. Deviation	1.36528	1.66231
		Skewness	-.478	-.203
	T2	Mean	4.7327	4.3005
		N	550	549
		Std. Deviation	1.39588	1.58541
		Skewness	-.709	-.278
	Total	Mean	4.7772	4.2730
		N	1257	1260
		Std. Deviation	1.37876	1.62879
		Skewness	-.583	-.235
Comparison	T1	Mean	4.7208	4.2124
		N	419	419
		Std. Deviation	1.37156	1.50763
		Skewness	-.588	-.395
	T2	Mean	4.7012	4.4431
		N	328	325
		Std. Deviation	1.38881	1.50123
		Skewness	-.577	-.388
	Total	Mean	4.7122	4.3132
		N	747	744
		Std. Deviation	1.37827	1.50818
		Skewness	-.582	-.389
Pilot	T1	Mean	5.1176	4.7864
		N	102	103
		Std. Deviation	1.37369	1.64883
		Skewness	-.613	-.561
	T2	Mean	5.1293	4.9184
		N	147	147
		Std. Deviation	1.38124	1.67377

Total	Total	Skewness	-.947	-.882
		Mean	5.1245	4.8640
		N	249	250
	T1	Std. Deviation	1.37539	1.66149
		Skewness	-.807	-.746
		Mean	4.8062	4.2830
	T2	N	1228	1233
		Std. Deviation	1.37087	1.61623
		Skewness	-.520	-.275
	Total	Mean	4.7795	4.4349
		N	1025	1021
		Std. Deviation	1.39760	1.58452
	Total	Skewness	-.687	-.383
		Mean	4.7941	4.3518
		N	2253	2254
	Total	Std. Deviation	1.38285	1.60337
		Skewness	-.599	-.324

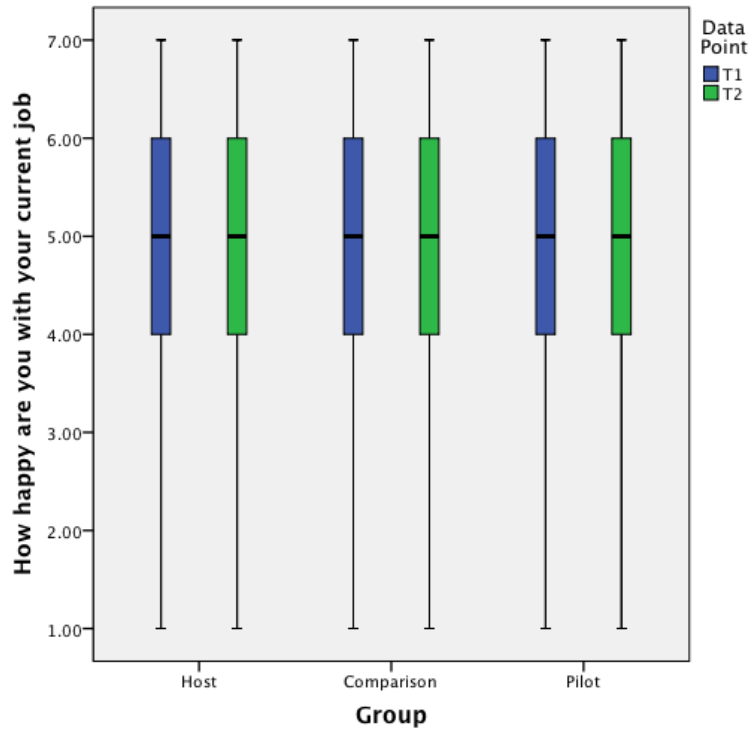
Differences between groups

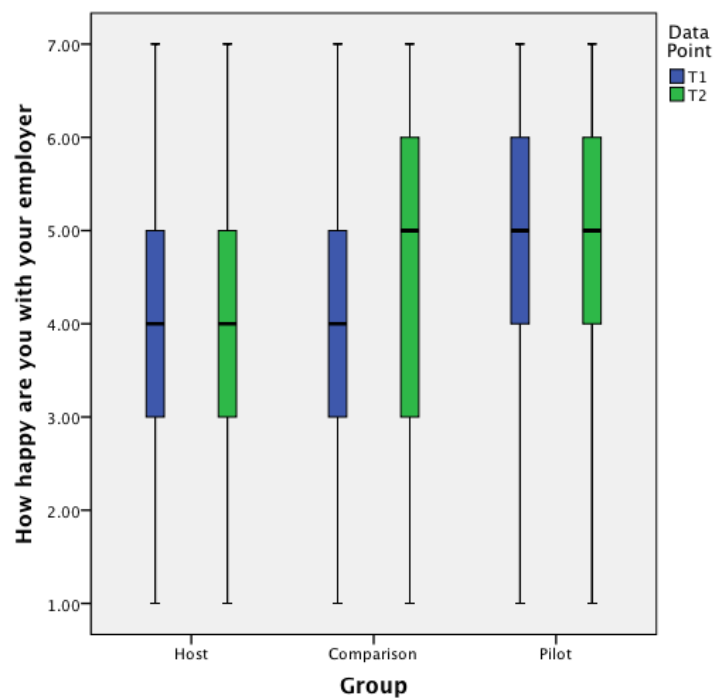
	Sum of Squares	df	Mean Square	F	Sig.
How happy are you with your current job * Group					
Between Groups	32.551	2	16.276	8.568	.0
Within Groups	4273.889	2250	1.9		
Total	4306.44	2252			
How happy are you with your employer * Group					
Between Groups	74.518	2	37.259	14.669	.0
Within Groups	5717.489	2251	2.54		
Total	5792.008	2253			

Change over time

	Sum of Squares	df	Mean Square	F	Sig.
How happy are you with your current job * Data Point					
Between Groups	0.398	1	0.398	0.208	0.649
Within Groups	4306.043	2251	1.913		

Total	4306.44	2252			
How happy are you with your employer * Data Point					
Between Groups	12.873	1	12.873	5.016	0.025
Within Groups	5779.134	2252	2.566		
Total	5792.008	2253			





PERCEIVED WORKLOAD

Questions asked at T2 only

Crosstab

			Group			Total
			Host	Comparison	Pilot	
Does your current workload feel:	Much too much for the time available	Count	236 _a	117 _{a, b}	36 _b	389
		% within Group	33.0%	29.8%	22.4%	30.6%
	A bit much	Count	261 _a	158 _a	64 _a	483
		% within Group	36.5%	40.2%	39.8%	38.0%
	About right	Count	211 _a	116 _a	60 _a	387
		% within Group	29.5%	29.5%	37.3%	30.5%
	Too little	Count	8 _a	2 _a	1 _a	11
		% within Group	1.1%	0.5%	0.6%	0.9%
	Total	Count	716	393	161	1270
		% within Group	100.0%	100.0%	100.0%	100.0%

Each subscript letter denotes a subset of Group categories whose column proportions do not differ significantly from each other at the .05 level.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.047 ^a	6	.123
Likelihood Ratio	10.299	6	.113
Linear-by-Linear Association	4.668	1	.031
N of Valid Cases	1270		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is 1.39.

Crosstab

			Group			Total
			Host	Comparison	Pilot	
In the last 6 months, has your workload:	Decreased	Count	32 _a	13 _a	6 _a	51
		% within Group	4.5%	3.3%	3.8%	4.0%
	Stayed about the same as it was before	Count	192 _a	124 _a	43 _a	359
		% within Group	26.9%	31.9%	26.9%	28.4%
	Increased	Count	491 _a	252 _a	111 _a	854
		% within Group	68.7%	64.8%	69.4%	67.6%
Total	Count	715	389	160	1264	
	% within Group	100.0%	100.0%	100.0%	100.0%	

Each subscript letter denotes a subset of Group categories whose column proportions do not differ significantly from each other at the .05 level.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.881 ^a	4	.422
Likelihood Ratio	3.854	4	.426
Linear-by-Linear Association	.010	1	.920
N of Valid Cases	1264		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.46.

TIME EXPENDITURE

Direct work with adults				
	Group			Total
	Host	Comparison	Pilot	
T1				
Not enough or nearly enough	366a	254b	45a, b	665
	48.10%	55.70%	44.10%	50.40%
Just about right	348a	181a	52a	581
	45.70%	39.70%	51.00%	44.00%
A bit or much too much	47a	21a	5a	73
	6.20%	4.60%	4.90%	5.50%
Total	761	456	102	1319
	100.00%	100.00%	100.00%	100.00%
T2				
Not enough or nearly enough	275a	200b	66a, b	541
	47.00%	57.10%	52.80%	51.00%
Just about right	279a	140a	56a	475
	47.70%	40.00%	44.80%	44.80%
A bit or much too much	31a	10a	3a	44
	5.30%	2.90%	2.40%	4.20%
Total	585	350	125	1060
	100.00%	100.00%	100.00%	100.00%
TOTAL				
Not enough or nearly enough	641a	454b	111a, b	1206
	47.60%	56.30%	48.90%	50.70%
Just about right	627a	321b	108a, b	1056
	46.60%	39.80%	47.60%	44.40%
A bit or much too much	78a	31a	8a	117
	5.80%	3.80%	3.50%	4.90%
Total	1346	806	227	2379
	100.00%	100.00%	100.00%	100.00%

Chi-Square Tests

Data Point		Value	df	Asymp. Sig. (2-sided)
T1	Pearson Chi-Square	9.059 ^b	4	.060
	Likelihood Ratio	9.057	4	.060
	Linear-by-Linear Association	1.471	1	.225
	N of Valid Cases	1319		
T2	Pearson Chi-Square	11.577 ^c	4	.021

	Likelihood Ratio	11.768	4	.019
	Linear-by-Linear Association	7.090	1	.008
	N of Valid Cases	1060		
	Pearson Chi-Square	18.338 ^a	4	.001
	Likelihood Ratio	18.454	4	.001
Total	Linear-by-Linear Association	7.517	1	.006
	N of Valid Cases	2379		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.16.

b. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.65.

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.19.

Direct work with carers	Group			Total
	Host	Comparison	Pilot	
T1				
Not enough or nearly enough	389a	251a	47a	687
	53.20%	54.70%	48.00%	53.30%
Just about right	309a	190a	48a	547
	42.30%	41.40%	49.00%	42.50%
A bit or much too much	33a	18a	3a	54
	4.50%	3.90%	3.10%	4.20%
Total	731	459	98	1288
	100.00%	100.00%	100.00%	100.00%
T2				
Not enough or nearly enough	289a, b	190b	52a	531
	51.30%	55.70%	42.60%	51.80%
Just about right	253a, b	143b	69a	465
	44.90%	41.90%	56.60%	45.30%
A bit or much too much	21a	8a	1a	30
	3.70%	2.30%	0.80%	2.90%
Total	563	341	122	1026
	100.00%	100.00%	100.00%	100.00%
TOTAL				
Not enough or nearly enough	678a, b	441b	99a	1218
	52.40%	55.10%	45.00%	52.60%
Just about right	562a	333a	117b	1012
	43.40%	41.60%	53.20%	43.70%
A bit or much too much	54a	26a	4a	84

	4.20%	3.30%	1.80%	3.60%
Total	1294	800	220	2314
	100.00%	100.00%	100.00%	100.00%

Chi-Square Tests

Data Point		Value	df	Asymp. Sig. (2-sided)
T1	Pearson Chi-Square	2.359 ^b	4	.670
	Likelihood Ratio	2.360	4	.670
	Linear-by-Linear Association	.005	1	.945
	N of Valid Cases	1288		
T2	Pearson Chi-Square	10.788 ^c	4	.029
	Likelihood Ratio	11.332	4	.023
	Linear-by-Linear Association	.018	1	.893
	N of Valid Cases	1026		
Total	Pearson Chi-Square	12.083 ^a	4	.017
	Likelihood Ratio	12.331	4	.015
	Linear-by-Linear Association	.022	1	.883
	N of Valid Cases	2314		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.99.

b. 1 cells (11.1%) have expected count less than 5. The minimum expected count is 4.11.

c. 1 cells (11.1%) have expected count less than 5. The minimum expected count is 3.57.

Communicating with other professionals	Group			Total
	Host	Comparison	Pilot	
T1				
Not enough or nearly enough	170a	88a	20a	278
	21.10%	18.20%	18.90%	20.00%
Just about right	548a	339a	78a	965
	68.20%	70.20%	73.60%	69.30%
A bit or much too much	86a	56a	8a	150
	10.70%	11.60%	7.50%	10.80%
Total	804	483	106	1393
	100.00%	100.00%	100.00%	100.00%

T2				
Not enough or nearly enough	128a	70a	20a	218
	20.10%	19.00%	14.20%	19.00%
Just about right	421a	246a	111b	778
	66.10%	66.70%	78.70%	67.80%
A bit or much too much	88a	53a	10a	151
	13.80%	14.40%	7.10%	13.20%
Total	637	369	141	1147
	100.00%	100.00%	100.00%	100.00%
TOTAL				
Not enough or nearly enough	298a	158a	40a	496
	20.70%	18.50%	16.20%	19.50%
Just about right	969a	585a, b	189b	1743
	67.20%	68.70%	76.50%	68.60%
A bit or much too much	174a	109a	18a	301
	12.10%	12.80%	7.30%	11.90%
Total	1441	852	247	2540
	100.00%	100.00%	100.00%	100.00%

Chi-Square Tests

Data Point	Value	df	Asymp. Sig. (2-sided)
T1	Pearson Chi-Square	3.179 ^b	.528
	Likelihood Ratio	3.300	.509
	Linear-by-Linear Association	.369	.544
	N of Valid Cases	1393	
T2	Pearson Chi-Square	9.503 ^c	.050
	Likelihood Ratio	10.333	.035
	Linear-by-Linear Association	.006	.939
	N of Valid Cases	1147	
Total	Pearson Chi-Square	10.490 ^a	.033
	Likelihood Ratio	11.169	.025
	Linear-by-Linear Association	.308	.579
	N of Valid Cases	2540	

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 29.27.

b. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.41.

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 18.56.

Completing forms and writing reports	Group			Total
	Host	Comparison	Pilot	
T1				
Not enough or nearly enough	42a	34a	10a	86
	5.20%	7.00%	9.60%	6.20%
Just about right	198a	100a	24a	322
	24.70%	20.50%	23.10%	23.10%
A bit or much too much	561a	353a	70a	984
	70.00%	72.50%	67.30%	70.70%
Total	801	487	104	1392
	100.00%	100.00%	100.00%	100.00%
T2				
Not enough or nearly enough	51a	25a	12a	88
	8.10%	6.80%	8.70%	7.70%
Just about right	150a	73a	39a	262
	23.80%	19.70%	28.30%	23.00%
A bit or much too much	428a	272a	87a	787
	68.00%	73.50%	63.00%	69.20%
Total	629	370	138	1137
	100.00%	100.00%	100.00%	100.00%
TOTAL				
Not enough or nearly enough	93a	59a	22a	174
	6.50%	6.90%	9.10%	6.90%
Just about right	348a	173a	63a	584
	24.30%	20.20%	26.00%	23.10%
A bit or much too much	989a, b	625b	157a	1771
	69.20%	72.90%	64.90%	70.00%
Total	1430	857	242	2529
	100.00%	100.00%	100.00%	100.00%

Chi-Square Tests

Chi-Square Tests				
Data Point		Value	df	Asymp. Sig. (2-sided)
T1	Pearson Chi-Square	6.362 ^b	4	.174
	Likelihood Ratio	6.150	4	.188
	Linear-by-Linear Association	.446	1	.504
	N of Valid Cases	1392		
T2	Pearson Chi-Square	6.177 ^c	4	.186

	Likelihood Ratio	6.172	4	.187
	Linear-by-Linear Association	.000	1	.992
	N of Valid Cases	1137		
	Pearson Chi-Square	9.111 ^a	4	.058
	Likelihood Ratio	9.055	4	.060
Total	Linear-by-Linear Association	.283	1	.595
	N of Valid Cases	2529		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 16.65.

b. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.43.

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.68.

Meetings and Reviews	Group			Total
	Host	Comparison	Pilot	
T1				
Not enough or nearly enough	81a, b	69b	5a	155
	10.20%	14.30%	4.80%	11.20%
Just about right	425a	285a	49a	759
	53.30%	59.30%	46.70%	54.90%
A bit or much too much	291a	127b	51c	469
	36.50%	26.40%	48.60%	33.90%
Total	797	481	105	1383
	100.00%	100.00%	100.00%	100.00%
T2				
Not enough or nearly enough	68a	44a	9a	121
	10.90%	12.00%	6.20%	10.70%
Just about right	299a	206b	72a, b	577
	48.10%	56.30%	49.30%	50.90%
A bit or much too much	255a	116b	65a	436
	41.00%	31.70%	44.50%	38.40%
Total	622	366	146	1134
	100.00%	100.00%	100.00%	100.00%
TOTAL				
Not enough or nearly enough	149a	113a	14b	276
	10.50%	13.30%	5.60%	11.00%
Just about right	724a	491b	121a	1336
	51.00%	58.00%	48.20%	53.10%
A bit or much too much	546a	243b	116a	905

	38.50%	28.70%	46.20%	36.00%
Total	1419	847	251	2517
	100.00%	100.00%	100.00%	100.00%

Chi-Square Tests				
Data Point		Value	df	Asymp. Sig. (2-sided)
T1	Pearson Chi-Square	28.449 ^b	4	.000
	Likelihood Ratio	29.075	4	.000
	Linear-by-Linear Association	.213	1	.644
	N of Valid Cases	1383		
T2	Pearson Chi-Square	13.374 ^c	4	.010
	Likelihood Ratio	13.989	4	.007
	Linear-by-Linear Association	.006	1	.937
	N of Valid Cases	1134		
Total	Pearson Chi-Square	39.650 ^a	4	.000
	Likelihood Ratio	41.047	4	.000
	Linear-by-Linear Association	.021	1	.884
	N of Valid Cases	2517		
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 27.52.				
b. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.77.				
c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 15.58.				

VIEWS ON QUALITY OF SERVICE RECEIVED BY ADULTS

Based on ASCOF

In your view and judging by your experience during the past 6 months, do you think **adults who develop care needs receive support from your organisation that enables them to regain their independence?**

	Group			Total
	Host	Comparison	Pilot	
T1				
In very few cases	169a	105a	14a	288
	20.70%	21.80%	13.10%	20.50%
In almost half of the cases	279a	178a	23b	480
	34.20%	36.90%	21.50%	34.20%
In most cases	368a	199a	70b	637
	45.10%	41.30%	65.40%	45.30%
Total	816	482	107	1405
	100.00%	100.00%	100.00%	100.00%
T2				
In very few cases	148a	77a	12b	237
	23.20%	20.90%	8.20%	20.50%
In almost half of the cases	215a	126a	37a	378
	33.60%	34.20%	25.20%	32.80%
In most cases	276a	165a	98b	539
	43.20%	44.80%	66.70%	46.70%
Total	639	368	147	1154
	100.00%	100.00%	100.00%	100.00%
TOTAL				
In very few cases	317a	182a	26b	525
	21.80%	21.40%	10.20%	20.50%
In almost half of the cases	494a	304a	60b	858
	34.00%	35.80%	23.60%	33.50%
In most cases	644a	364a	168b	1176
	44.30%	42.80%	66.10%	46.00%
Total	1455	850	254	2559
	100.00%	100.00%	100.00%	100.00%

Chi-Square Tests

Data Point	Value	df	Asymp. Sig. (2-sided)
T1 Pearson Chi-Square	20.656 ^b	4	.000
T1 Likelihood Ratio	20.714	4	.000

	Linear-by-Linear Association	3.249	1	.071
	N of Valid Cases	1405		
	Pearson Chi-Square	30.617 ^c	4	.000
	Likelihood Ratio	32.596	4	.000
T2	Linear-by-Linear Association	21.608	1	.000
	N of Valid Cases	1154		
	Pearson Chi-Square	48.586 ^a	4	.000
	Likelihood Ratio	49.712	4	.000
Total	Linear-by-Linear Association	21.132	1	.000
	N of Valid Cases	2559		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 52.11.

b. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 21.93.

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 30.19.

Do you think that most **adults who develop care needs** in your local area **wait for appropriate services/care package?**

	Group			Total
	Host	Comparison	Pilot	
T1				
Hardly any time at all	40a	36a	7a	83
	4.90%	7.50%	6.60%	5.90%
An acceptable amount of time	285a	251b	51b	587
	35.20%	52.20%	48.10%	42.00%
Too long	393a	171b	39a, b	603
	48.60%	35.60%	36.80%	43.20%
Much too long	91a	23b	9a, b	123
	11.20%	4.80%	8.50%	8.80%
Total	809	481	106	1396
	100.00%	100.00%	100.00%	100.00%
T2				
Hardly any time at all	33a	19a	10a	62
	5.20%	5.20%	6.80%	5.40%
An acceptable amount of time	223a	169b	78b	470
	34.80%	46.70%	53.40%	40.90%

Too long	308a	150a, b	47b	505
	48.10%	41.40%	32.20%	44.00%
Much too long	76a	24b	11a, b	111
	11.90%	6.60%	7.50%	9.70%
Total	640	362	146	1148
	100.00%	100.00%	100.00%	100.00%
TOTAL				
Hardly any time at all	73a	55a	17a	145
	5.00%	6.50%	6.70%	5.70%
An acceptable amount of time	508a	420b	129b	1057
	35.10%	49.80%	51.20%	41.50%
Too long	701a	321b	86b	1108
	48.40%	38.10%	34.10%	43.60%
Much too long	167a	47b	20a, b	234
	11.50%	5.60%	7.90%	9.20%
Total	1449	843	252	2544
	100.00%	100.00%	100.00%	100.00%

Chi-Square Tests

Data Point		Value	df	Asymp. Sig. (2-sided)
T1	Pearson Chi-Square	52.252 ^b	6	.000
	Likelihood Ratio	53.432	6	.000
	Linear-by-Linear Association	32.333	1	.000
	N of Valid Cases	1396		
T2	Pearson Chi-Square	29.952 ^c	6	.000
	Likelihood Ratio	30.286	6	.000
	Linear-by-Linear Association	21.410	1	.000
	N of Valid Cases	1148		
Total	Pearson Chi-Square	76.502 ^a	6	.000
	Likelihood Ratio	77.853	6	.000
	Linear-by-Linear Association	52.139	1	.000
	N of Valid Cases	2544		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 14.36.

b. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.30.

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.89.

In your views and judging by your own experience over the past 6 months, do you think that **care services offered to people in need of care ensures that they have a positive experience of care and support?**

Positive experience may relate to overall level of satisfaction of users and their carers, respect and level of choices offered as well as involving users in decision-making

	Group			Total
	Host	Comparison	Pilot	
T1				
Hardly any	9a	1a	0a	10
	1.10%	0.20%	0.00%	0.70%
Some but not enough	333a	164b	36a, b	533
	40.70%	34.00%	33.60%	37.90%
An adequate amount	383a	241a	48a	672
	46.80%	50.00%	44.90%	47.80%
An excellent service	93a	76a, b	23b	192
	11.40%	15.80%	21.50%	13.60%
Total	818	482	107	1407
	100.00%	100.00%	100.00%	100.00%
T2				
Hardly any	12a	3a	2a	17
	1.90%	0.80%	1.40%	1.50%
Some but not enough	269a	115b	32b	416
	42.10%	31.80%	22.20%	36.30%
An adequate amount	299a	191a	72a	562
	46.80%	52.80%	50.00%	49.10%
An excellent service	59a	53b	38c	150
	9.20%	14.60%	26.40%	13.10%
Total	639	362	144	1145
	100.00%	100.00%	100.00%	100.00%
TOTAL				
Hardly any	21a	4a	2a	27
	1.40%	0.50%	0.80%	1.10%
Some but not enough	602a	279b	68b	949
	41.30%	33.10%	27.10%	37.20%
An adequate amount	682a	432a	120a	1234
	46.80%	51.20%	47.80%	48.40%
An excellent service	152a	129b	61c	342
	10.40%	15.30%	24.30%	13.40%

Total	1457	844	251	2552
	100.00%	100.00%	100.00%	100.00%

Chi-Square Tests

Data Point		Value	df	Asymp. Sig. (2-sided)
T1	Pearson Chi-Square	18.724 ^b	6	.005
	Likelihood Ratio	19.332	6	.004
	Linear-by-Linear Association	14.474	1	.000
	N of Valid Cases	1407		
T2	Pearson Chi-Square	46.602 ^c	6	.000
	Likelihood Ratio	44.192	6	.000
	Linear-by-Linear Association	40.909	1	.000
	N of Valid Cases	1145		
Total	Pearson Chi-Square	58.552 ^a	6	.000
	Likelihood Ratio	56.030	6	.000
	Linear-by-Linear Association	51.914	1	.000
	N of Valid Cases	2552		

a. 1 cells (8.3%) have expected count less than 5. The minimum expected count is 2.66.

b. 2 cells (16.7%) have expected count less than 5. The minimum expected count is .76.

c. 1 cells (8.3%) have expected count less than 5. The minimum expected count is 2.14.

PERCEPTION OF QUALITY OF CARE PROVIDED BY SELF AND ORGANISATION

MEETING SERVICE USERS AND CARERS' NEEDS

I/My organisation **work with the same cases over time and maintain close contact with service users.**

	I maintain close contact			My organisation maintain close contact		
	Disagree or strongly disagree	Agree or strongly agree	Total	Disagree or strongly disagree	Agree or strongly agree	Total
Host						
T1	150	510	660	150	510	660
	22.70%	77.30%	100.00%	22.70%	77.30%	100.00%
T2	112	374	486	112	374	486
	23.00%	77.00%	100.00%	23.00%	77.00%	100.00%
Total	262	884	1146	262	884	1146
	22.90%	77.10%	100.00%	22.90%	77.10%	100.00%
Comparison						
T1	105	311	416	105	311	416
	25.20%	74.80%	100.00%	25.20%	74.80%	100.00%
T2	67	234	301	67	234	301
	22.30%	77.70%	100.00%	22.30%	77.70%	100.00%
Total	172	545	717	172	545	717
	24.00%	76.00%	100.00%	24.00%	76.00%	100.00%
Pilot						
T1	16	77	93	16	77	93
	17.20%	82.80%	100.00%	17.20%	82.80%	100.00%
T2	17	100	117	17	100	117
	14.50%	85.50%	100.00%	14.50%	85.50%	100.00%
Total	33	177	210	33	177	210
	15.70%	84.30%	100.00%	15.70%	84.30%	100.00%
Total						
T1	271	898	1169	271	898	1169
	23.20%	76.80%	100.00%	23.20%	76.80%	100.00%
T2	196	708	904	196	708	904
	21.70%	78.30%	100.00%	21.70%	78.30%	100.00%
Total	467	1606	2073	467	1606	2073
	22.50%	77.50%	100.00%	22.50%	77.50%	100.00%

For *participants*

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Host	Pearson Chi-Square	.016 ^c	1	.899	.943	.477
	Continuity Correction ^b	.003	1	.956		
	Likelihood Ratio	.016	1	.899		
	Fisher's Exact Test					
	Linear-by-Linear Association	.016	1	.899		
Comparison	N of Valid Cases	1146			.376	.202
	Pearson Chi-Square	.851 ^d	1	.356		
	Continuity Correction ^b	.696	1	.404		
	Likelihood Ratio	.856	1	.355		
	Fisher's Exact Test					
Pilot	Linear-by-Linear Association	.850	1	.357	.703	.366
	N of Valid Cases	717				
	Pearson Chi-Square	.280 ^e	1	.597		
	Continuity Correction ^b	.114	1	.735		
	Likelihood Ratio	.279	1	.598		
Total	Fisher's Exact Test				.427	.224
	Linear-by-Linear Association	.278	1	.598		
	N of Valid Cases	210				
	Pearson Chi-Square	.658 ^a	1	.417		
	Continuity Correction ^b	.575	1	.448		
Total	Likelihood Ratio	.659	1	.417	.427	.224
	Fisher's Exact Test					
	Linear-by-Linear Association	.658	1	.417		
N of Valid Cases		2073				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 203.65.

- b. Computed only for a 2x2 table
- c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 111.11.
- d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 72.21.
- e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 14.61.

For **organisation**

Chi-Square Tests					
Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided) Exact Sig. (1-sided)
Host	Pearson Chi-Square	.314 ^c	1	.575	.592 .308
	Continuity Correction ^b	.251	1	.616	
	Likelihood Ratio	.314	1	.575	
	Fisher's Exact Test				
	Linear-by-Linear Association	.314	1	.575	
Comparison	N of Valid Cases	1282			
	Pearson Chi-Square	5.426 ^d	1	.020	.021 .012
	Continuity Correction ^b	5.061	1	.024	
	Likelihood Ratio	5.474	1	.019	
	Fisher's Exact Test				
Pilot	Linear-by-Linear Association	5.419	1	.020	
	N of Valid Cases	756			
	Pearson Chi-Square	.524 ^e	1	.469	

Total	Continuity Correction ^b	.292	1	.589		
	Likelihood Ratio	.519	1	.471		
	Fisher's Exact Test				.471	.293
	Linear-by-Linear Association	.521	1	.470		
	N of Valid Cases	242				
	Pearson Chi-Square	6.011 ^a	1	.014		
	Continuity Correction ^b	5.790	1	.016		
	Likelihood Ratio	6.033	1	.014		
	Fisher's Exact Test				.016	.008
	Linear-by-Linear Association	6.009	1	.014		
	N of Valid Cases	2280				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 314.86.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 188.71.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 99.61.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 15.02.

I/My organisation work to ensure that **service users can manage their own support as much as they wish.**

	I work to ensure SU manage support			My organisation work to ensure SU manage support		
	Disagree or strongly disagree	Agree or strongly agree	Total	Disagree or strongly disagree	Agree or strongly agree	Total
Host						
T1	45	636	681	92	634	726
	6.60%	93.40%	100.00%	12.70%	87.30%	100.00%
T2	39	478	517	90	478	568
	7.50%	92.50%	100.00%	15.80%	84.20%	100.00%
Total	84	1114	1198	182	1112	1294

	7.00%	93.00%	100.00%	14.10%	85.90%	100.00%
Comparison						
T1	39	389	428	75	358	433
	9.10%	90.90%	100.00%	17.30%	82.70%	100.00%
T2	24	304	328	42	297	339
	7.30%	92.70%	100.00%	12.40%	87.60%	100.00%
Total	63	693	756	117	655	772
	8.30%	91.70%	100.00%	15.20%	84.80%	100.00%
Pilot						
T1	7	91	98	14	87	101
	7.10%	92.90%	100.00%	13.90%	86.10%	100.00%
T2	2	119	121	3	142	145
	1.70%	98.30%	100.00%	2.10%	97.90%	100.00%
Total	9	210	219	17	229	246
	4.10%	95.90%	100.00%	6.90%	93.10%	100.00%
Total						
T1	91	1116	1207	181	1079	1260
	7.50%	92.50%	100.00%	14.40%	85.60%	100.00%
T2	65	901	966	135	917	1052
	6.70%	93.30%	100.00%	12.80%	87.20%	100.00%
Total	156	2017	2173	316	1996	2312
	7.20%	92.80%	100.00%	13.70%	86.30%	100.00%

For *participants*

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	.395 ^c	1	.530		
	Continuity Correction ^b	.264	1	.607		
	Likelihood Ratio	.393	1	.531		
	Fisher's Exact Test				.569	.303

Comparison	Linear-by-Linear Association	.394	1	.530		
	N of Valid Cases	1198				
	Pearson Chi-Square	.783 ^d	1	.376		
	Continuity Correction ^b	.566	1	.452		
	Likelihood Ratio	.792	1	.374		
	Fisher's Exact Test				.427	.227
Pilot	Linear-by-Linear Association	.782	1	.376		
	N of Valid Cases	756				
	Pearson Chi-Square	4.141 ^e	1	.042		
	Continuity Correction ^b	2.865	1	.091		
	Likelihood Ratio	4.266	1	.039		
	Fisher's Exact Test				.082	.045
Total	Linear-by-Linear Association	4.122	1	.042		
	N of Valid Cases	219				
	Pearson Chi-Square	.529 ^a	1	.467		
	Continuity Correction ^b	.414	1	.520		
	Likelihood Ratio	.531	1	.466		
	Fisher's Exact Test				.504	.260
	Linear-by-Linear Association	.529	1	.467		

N of Valid Cases	2173				
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a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 69.35.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 36.25.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 27.33.

e. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 4.03.

For **organisation**

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	2.654 ^c	1	.103	.108	.061
	Continuity Correction ^b	2.398	1	.121		
	Likelihood Ratio	2.639	1	.104		
	Fisher's Exact Test					
	Linear-by-Linear Association	2.652	1	.103		
Comparison	N of Valid Cases	1294			.068	.036
	Pearson Chi-Square	3.596 ^d	1	.058		
	Continuity Correction ^b	3.223	1	.073		
	Likelihood Ratio	3.650	1	.056		
	Fisher's Exact Test					
Pilot	Linear-by-Linear Association	3.592	1	.058		
	N of Valid Cases	772				
	Pearson Chi-Square	12.869 ^e	1	.000		

Total	Continuity Correction ^b	11.101	1	.001		
	Likelihood Ratio	13.150	1	.000		
	Fisher's Exact Test				.000	.000
	Linear-by-Linear Association	12.817	1	.000		
	N of Valid Cases	246				
	Pearson Chi-Square	1.141 ^a	1	.285		
	Continuity Correction ^b	1.015	1	.314		
	Likelihood Ratio	1.145	1	.285		
	Fisher's Exact Test				.302	.157
	Linear-by-Linear Association	1.140	1	.286		
	N of Valid Cases	2312				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 143.79.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 79.89.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 51.38.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.98.

I am/we are **usually available or can make time for service users**

	I am usually available			My organisation usually available		
	Disagree or strongly disagree	Agree or strongly agree	Total	Disagree or strongly disagree	Agree or strongly agree	Total
Host						
T1	132	585	717	231	497	728
	18.40%	81.60%	100.00%	31.70%	68.30%	100.00%
T2	90	449	539	187	383	570
	16.70%	83.30%	100.00%	32.80%	67.20%	100.00%
Total	222	1034	1256	418	880	1298

	17.70%	82.30%	100.00%	32.20%	67.80%	100.00%
Comparison						
T1	90	356	446	111	317	428
	20.20%	79.80%	100.00%	25.90%	74.10%	100.00%
T2	62	269	331	73	260	333
	18.70%	81.30%	100.00%	21.90%	78.10%	100.00%
Total	152	625	777	184	577	761
	19.60%	80.40%	100.00%	24.20%	75.80%	100.00%
Pilot						
T1	10	92	102	19	81	100
	9.80%	90.20%	100.00%	19.00%	81.00%	100.00%
T2	9	130	139	13	131	144
	6.50%	93.50%	100.00%	9.00%	91.00%	100.00%
	19	222	241	32	212	244
	7.90%	92.10%	100.00%	13.10%	86.90%	100.00%
Total						
T1	232	1033	1265	361	895	1256
	18.30%	81.70%	100.00%	28.70%	71.30%	100.00%
T2	161	848	1009	273	774	1047
	16.00%	84.00%	100.00%	26.10%	73.90%	100.00%
Total	393	1881	2274	634	1669	2303
	17.30%	82.70%	100.00%	27.50%	72.50%	100.00%

For *participants*

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	.620 ^c	1	.431	.455	.238
	Continuity Correction ^b	.508	1	.476		
	Likelihood Ratio	.623	1	.430		
	Fisher's Exact Test					
	Linear-by-Linear Association	.620	1	.431		
Comparison	N of Valid Cases	1256				
	Pearson Chi-Square	.253 ^d	1	.615		
	Continuity Correction ^b	.170	1	.680		

Pilot	Likelihood Ratio	.254	1	.614	.648	.341
	Fisher's Exact Test					
	Linear-by-Linear Association	.253	1	.615		
	N of Valid Cases	777				
	Pearson Chi-Square	.898 ^e	1	.343	.347	.239
	Continuity Correction ^b	.498	1	.480		
Total	Likelihood Ratio	.886	1	.346		
	Fisher's Exact Test				.147	.075
	Linear-by-Linear Association	.894	1	.344		
	N of Valid Cases	241				
	Pearson Chi-Square	2.231 ^a	1	.135	.147	.075
	Continuity Correction ^b	2.067	1	.151		
Total	Likelihood Ratio	2.241	1	.134		
	Fisher's Exact Test				.147	.075
	Linear-by-Linear Association	2.230	1	.135		
	N of Valid Cases	2274				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 174.38.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 95.27.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 64.75.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.04.

For **organisation**

Chi-Square Tests

Group	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)

Host	Pearson Chi-Square	.170 ^c	1	.680	.720	.362
	Continuity Correction ^b	.124	1	.725		
	Likelihood Ratio	.169	1	.681		
	Fisher's Exact Test					
	Linear-by-Linear Association	.169	1	.681		
Comparison	N of Valid Cases	1298			.202	.115
	Pearson Chi-Square	1.645 ^d	1	.200		
	Continuity Correction ^b	1.433	1	.231		
	Likelihood Ratio	1.654	1	.198		
	Fisher's Exact Test					
Pilot	Linear-by-Linear Association	1.643	1	.200	.033	.020
	N of Valid Cases	761				
	Pearson Chi-Square	5.151 ^e	1	.023		
	Continuity Correction ^b	4.313	1	.038		
	Likelihood Ratio	5.058	1	.025		
Total	Fisher's Exact Test				.160	.084
	Linear-by-Linear Association	5.129	1	.024		
	N of Valid Cases	244				
	Pearson Chi-Square	2.037 ^a	1	.154		
	Continuity Correction ^b	1.905	1	.168		
Total	Likelihood Ratio	2.041	1	.153	.160	.084
	Fisher's Exact Test					
	Linear-by-Linear Association	2.036	1	.154		
	N of Valid Cases	2303				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 288.23.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 183.56.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 80.52.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.11.

The relationships between me/my organisation and adults in need of care are good.

	Good relationship between me and SU			Good relationship between my organisation and SUs		
	Disagree or strongly disagree	Agree or strongly agree	Total	Disagree or strongly disagree	Agree or strongly agree	Total
Host						
T1	44	664	708	44	664	708
	6.20%	93.80%	100.00 %	6.20%	93.80%	100.00%
T2	14	527	541	14	527	541
	2.60%	97.40%	100.00 %	2.60%	97.40%	100.00%
Total	58	1191	1249	58	1191	1249
	4.60%	95.40%	100.00 %	4.60%	95.40%	100.00%
Comparison						
T1	19	424	443	19	424	443
	4.30%	95.70%	100.00 %	4.30%	95.70%	100.00%
T2	15	312	327	15	312	327
	4.60%	95.40%	100.00 %	4.60%	95.40%	100.00%
Total	34	736	770	34	736	770
	4.40%	95.60%	100.00 %	4.40%	95.60%	100.00%
Pilot						
T1	3	96	99	3	96	99
	3.00%	97.00%	100.00 %	3.00%	97.00%	100.00%
T2	3	130	133	3	130	133
	2.30%	97.70%	100.00 %	2.30%	97.70%	100.00%
Total	6	226	232	6	226	232
	2.60%	97.40%	100.00 %	2.60%	97.40%	100.00%
Total						

T1	66	1184	1250	66	1184	1250
	5.30%	94.70%	100.00%	5.30%	94.70%	100.00%
T2	32	969	1001	32	969	1001
	3.20%	96.80%	100.00%	3.20%	96.80%	100.00%
Total	98	2153	2251	98	2153	2251
	4.40%	95.60%	100.00%	4.40%	95.60%	100.00%

For *participants*

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	9.110 ^c	1	.003	.003	.002
	Continuity Correction ^b	8.309	1	.004		
	Likelihood Ratio	9.694	1	.002		
	Fisher's Exact Test					
	Linear-by-Linear Association	9.103	1	.003		
Comparison	N of Valid Cases	1249			.861	.488
	Pearson Chi-Square	.040 ^d	1	.842		
	Continuity Correction ^b	.000	1	.983		
	Likelihood Ratio	.040	1	.842		
	Fisher's Exact Test					
Pilot	Linear-by-Linear Association	.040	1	.842	.702	.512
	N of Valid Cases	770				
	Pearson Chi-Square	.135 ^e	1	.713		
	Continuity Correction ^b	.000	1	1.000		
	Likelihood Ratio	.134	1	.715		
	Fisher's Exact Test					

Total	Linear-by-Linear Association	.135	1	.714		
	N of Valid Cases	232				
	Pearson Chi-Square	5.793 ^a	1	.016		
	Continuity Correction ^b	5.304	1	.021		
	Likelihood Ratio	5.950	1	.015		
	Fisher's Exact Test				.017	.010
	Linear-by-Linear Association	5.791	1	.016		
	N of Valid Cases	2251				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 43.58.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 25.12.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 14.44.

e. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.56.

For **organisation**

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	.046 ^c	1	.830		
	Continuity Correction ^b	.020	1	.886		
	Likelihood Ratio	.046	1	.830		
	Fisher's Exact Test				.886	.444
	Linear-by-Linear Association	.046	1	.830		
	N of Valid Cases	1293				
Comparison	Pearson Chi-Square	1.497 ^d	1	.221		
	Continuity Correction ^b	1.246	1	.264		
	Likelihood Ratio	1.512	1	.219		

Pilot	Fisher's Exact Test				.239	.132
	Linear-by-Linear Association	1.495	1	.221		
	N of Valid Cases	753				
	Pearson Chi-Square	3.279 ^e	1	.070		
	Continuity Correction ^b	2.535	1	.111		
	Likelihood Ratio	3.217	1	.073		
	Fisher's Exact Test				.082	.057
	Linear-by-Linear Association	3.265	1	.071		
	N of Valid Cases	241				
	Pearson Chi-Square	2.382 ^a	1	.123		
Total	Continuity Correction ^b	2.209	1	.137		
	Likelihood Ratio	2.393	1	.122		
	Fisher's Exact Test				.123	.068
	Linear-by-Linear Association	2.381	1	.123		
	N of Valid Cases	2287				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 167.51.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 106.49.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 44.70.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.86.

The relationships between me/my organisation and carers (family and friends) are good.

	I have Good relationship with carers			My organisation has Good relationship with carers		
	Disagree or strongly disagree	Agree or strongly agree	Total	Disagree or strongly disagree	Agree or strongly agree	Total
Host						
T1	51	653	704	159	557	716
	7.20%	92.80%	100.00%	22.20%	77.80%	100.00%

T2	26	508	534	115	450	565
	4.90%	95.10%	100.00%	20.40%	79.60%	100.00%
Total	77	1161	1238	274	1007	1281
	6.20%	93.80%	100.00%	21.40%	78.60%	100.00%
Comparison						
T1	31	410	441	77	349	426
	7.00%	93.00%	100.00%	18.10%	81.90%	100.00%
T2	18	308	326	43	290	333
	5.50%	94.50%	100.00%	12.90%	87.10%	100.00%
Total	49	718	767	120	639	759
	6.40%	93.60%	100.00%	15.80%	84.20%	100.00%
Pilot						
T1	4	93	97	13	84	97
	4.10%	95.90%	100.00%	13.40%	86.60%	100.00%
T2	3	126	129	11	129	140
	2.30%	97.70%	100.00%	7.90%	92.10%	100.00%
Total	7	219	226	24	213	237
	3.10%	96.90%	100.00%	10.10%	89.90%	100.00%
TOTAL						
T1	86	1156	1242	249	990	1239
	6.90%	93.10%	100.00%	20.10%	79.90%	100.00%
T2	47	942	989	169	869	1038
	4.80%	95.20%	100.00%	16.30%	83.70%	100.00%
Total	133	2098	2231	418	1859	2277
	6.00%	94.00%	100.00%	18.40%	81.60%	100.00%

For *participants*

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	2.938 ^c	1	.087	.096	.054
	Continuity Correction ^b	2.544	1	.111		
	Likelihood Ratio	3.005	1	.083		
	Fisher's Exact Test					
	Linear-by-Linear Association	2.935	1	.087		
	N of Valid Cases	1238				
Comparison	Pearson Chi-Square	.713 ^d	1	.399		

Pilot	Continuity Correction ^b	.483	1	.487		
	Likelihood Ratio	.722	1	.395		
	Fisher's Exact Test				.457	.245
	Linear-by-Linear Association	.712	1	.399		
	N of Valid Cases	767				
	Pearson Chi-Square	.596 ^e	1	.440		
	Continuity Correction ^b	.148	1	.701		
	Likelihood Ratio	.589	1	.443		
	Fisher's Exact Test				.466	.346
	Linear-by-Linear Association	.594	1	.441		
	N of Valid Cases	226				
	Pearson Chi-Square	4.633 ^a	1	.031		
	Continuity Correction ^b	4.254	1	.039		
	Likelihood Ratio	4.720	1	.030		
	Fisher's Exact Test				.038	.019
Total	Linear-by-Linear Association	4.631	1	.031		
	N of Valid Cases	2231				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 58.96.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 33.21.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 20.83.

e. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 3.00.

For **organisation**

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	.645 ^c	1	.422		

Comparison	Continuity Correction ^b	.539	1	.463		
	Likelihood Ratio	.646	1	.421		
	Fisher's Exact Test				.451	.232
	Linear-by-Linear Association	.644	1	.422		
	N of Valid Cases	1281				
	Pearson Chi-Square	3.742 ^d	1	.053		
	Continuity Correction ^b	3.364	1	.067		
	Likelihood Ratio	3.798	1	.051		
	Fisher's Exact Test				.057	.033
	Linear-by-Linear Association	3.737	1	.053		
	N of Valid Cases	759				
	Pearson Chi-Square	1.936 ^e	1	.164		
	Continuity Correction ^b	1.374	1	.241		
	Likelihood Ratio	1.901	1	.168		
	Fisher's Exact Test				.191	.121
Pilot	Linear-by-Linear Association	1.928	1	.165		
	N of Valid Cases	237				
	Pearson Chi-Square	5.486 ^a	1	.019		
	Continuity Correction ^b	5.235	1	.022		
	Likelihood Ratio	5.521	1	.019		
Total	Fisher's Exact Test				.020	.011
	Linear-by-Linear Association	5.484	1	.019		
	N of Valid Cases	2277				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 190.55.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 120.85.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 52.65.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.82.

The relationships between me/my organisation and staff in other agencies are good.

	I have good relationship with other agencies			My organisation has good relationship with other agencies		
	Disagree or strongly disagree	Agree or strongly agree	Total	Disagree or strongly disagree	Agree or strongly agree	Total
Host						
T1	59	677	736	116	608	724
	8.00%	92.00%	100.00 %	16.00%	84.00%	100.00 %
T2	30	535	565	82	483	565
	5.30%	94.70%	100.00 %	14.50%	85.50%	100.00 %
Total	89	1212	1301	198	1091	1289
	6.80%	93.20%	100.00 %	15.40%	84.60%	100.00 %
Comparison						
T1	38	411	449	84	349	433
	8.50%	91.50%	100.00 %	19.40%	80.60%	100.00 %
T2	32	310	342	59	276	335
	9.40%	90.60%	100.00 %	17.60%	82.40%	100.00 %
Total	70	721	791	143	625	768
	8.80%	91.20%	100.00 %	18.60%	81.40%	100.00 %
Pilot						
T1	8	94	102	15	85	100
	7.80%	92.20%	100.00 %	15.00%	85.00%	100.00 %
T2	2	143	145	10	135	145
	1.40%	98.60%	100.00 %	6.90%	93.10%	100.00 %
Total	10	237	247	25	220	245
	4.00%	96.00%	100.00 %	10.20%	89.80%	100.00 %
TOTAL						
T1	105	1182	1287	215	1042	1257
	8.20%	91.80%	100.00 %	17.10%	82.90%	100.00 %

T2	64	988	1052	151	894	1045
	6.10%	93.90%	100.00 %	14.40%	85.60%	100.00 %
Total	169	2170	2339	366	1936	2302
	7.20%	92.80%	100.00 %	15.90%	84.10%	100.00 %

For *participants*

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	3.674 ^c	1	.055	.060	.034
	Continuity Correction ^b	3.262	1	.071		
	Likelihood Ratio	3.758	1	.053		
	Fisher's Exact Test					
	Linear-by-Linear Association	3.671	1	.055		
Comparison	N of Valid Cases	1301			.705	.376
	Pearson Chi-Square	.192 ^d	1	.661		
	Continuity Correction ^b	.097	1	.755		
	Likelihood Ratio	.191	1	.662		
	Fisher's Exact Test					
Pilot	Linear-by-Linear Association	.192	1	.661	.018	.014
	N of Valid Cases	791				
	Pearson Chi-Square	6.440 ^e	1	.011		
	Continuity Correction ^b	4.884	1	.027		
	Likelihood Ratio	6.535	1	.011		
	Fisher's Exact Test				.018	.014
	Linear-by-Linear Association	6.414	1	.011		
	N of Valid Cases	247				

Total	Pearson Chi-Square	3.718 ^a	1	.054		
	Continuity Correction ^b	3.414	1	.065		
	Likelihood Ratio	3.763	1	.052		
	Fisher's Exact Test				.054	.032
	Linear-by-Linear Association	3.716	1	.054		
	N of Valid Cases	2339				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 76.01.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 38.65.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 30.27.

e. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.13.

For **organisation**

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	.556 ^c	1	.456		
	Continuity Correction ^b	.446	1	.504		
	Likelihood Ratio	.558	1	.455		
	Fisher's Exact Test				.484	.253
	Linear-by-Linear Association	.555	1	.456		
Comparison	N of Valid Cases	1289				
	Pearson Chi-Square	.398 ^d	1	.528		
	Continuity Correction ^b	.289	1	.591		
	Likelihood Ratio	.400	1	.527		
	Fisher's Exact Test				.575	.296
	Linear-by-Linear Association	.398	1	.528		

Pilot	N of Valid Cases	768				
	Pearson Chi-Square	4.241 ^e	1	.039		
	Continuity Correction ^b	3.403	1	.065		
	Likelihood Ratio	4.158	1	.041		
	Fisher's Exact Test				.052	.033
Total	Linear-by-Linear Association	4.224	1	.040		
	N of Valid Cases	245				
	Pearson Chi-Square	3.007 ^a	1	.083		
	Continuity Correction ^b	2.812	1	.094		
	Likelihood Ratio	3.023	1	.082		
	Fisher's Exact Test				.086	.047
	Linear-by-Linear Association	3.006	1	.083		
	N of Valid Cases	2302				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 166.15.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 86.79.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 62.38.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.20.

I/My organisation ensure(s) that **carers can balance their caring roles and maintain their desired quality of life.**

	I ensure carers quality of life			My organisation ensures carers quality of life		
	Disagree or strongly disagree	Agree or strongly agree	Total	Disagree or strongly disagree	Agree or strongly agree	Total
Host						
T1	148	515	663	193	511	704
	22.30%	77.70%	100.00 %	27.40%	72.60%	100.00 %
T2	82	417	499	127	418	545

	16.40%	83.60%	100.00%	23.30%	76.70%	100.00%
Total	230	932	1162	320	929	1249
	19.80%	80.20%	100.00%	25.60%	74.40%	100.00%
Comparison						
T1	95	330	425	130	294	424
	22.40%	77.60%	100.00%	30.70%	69.30%	100.00%
T2	68	248	316	95	232	327
	21.50%	78.50%	100.00%	29.10%	70.90%	100.00%
Total	163	578	741	225	526	751
	22.00%	78.00%	100.00%	30.00%	70.00%	100.00%
Pilot						
T1	18	74	92	27	69	96
	19.60%	80.40%	100.00%	28.10%	71.90%	100.00%
T2	13	106	119	19	119	138
	10.90%	89.10%	100.00%	13.80%	86.20%	100.00%
Total	31	180	211	46	188	234
	14.70%	85.30%	100.00%	19.70%	80.30%	100.00%
TOTAL						
T1	261	919	1180	350	874	1224
	22.10%	77.90%	100.00%	28.60%	71.40%	100.00%
T2	163	771	934	241	769	1010
	17.50%	82.50%	100.00%	23.90%	76.10%	100.00%
Total	424	1690	2114	591	1643	2234
	20.10%	79.90%	100.00%	26.50%	73.50%	100.00%

For *participants*

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	6.221 ^c	1	.013		
	Continuity Correction ^b	5.856	1	.016		

Comparison	Likelihood Ratio	6.308	1	.012		
	Fisher's Exact Test				.014	.007
	Linear-by-Linear Association	6.216	1	.013		
	N of Valid Cases	1162				
	Pearson Chi-Square	.073 ^d	1	.786		
Pilot	Continuity Correction ^b	.033	1	.856		
	Likelihood Ratio	.074	1	.786		
	Fisher's Exact Test				.858	.429
	Linear-by-Linear Association	.073	1	.787		
	N of Valid Cases	741				
Total	Pearson Chi-Square	3.091 ^e	1	.079		
	Continuity Correction ^b	2.440	1	.118		
	Likelihood Ratio	3.065	1	.080		
	Fisher's Exact Test				.116	.060
	Linear-by-Linear Association	3.076	1	.079		
	N of Valid Cases	211				
	Pearson Chi-Square	7.081 ^a	1	.008		
	Continuity Correction ^b	6.793	1	.009		
	Likelihood Ratio	7.143	1	.008		
	Fisher's Exact Test				.009	.004
	Linear-by-Linear Association	7.078	1	.008		
	N of Valid Cases	2114				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 187.33.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 98.77.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 69.51.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.52.

For **organisation**

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	2.726 ^c	1	.099	.103	.056
	Continuity Correction ^b	2.514	1	.113		
	Likelihood Ratio	2.740	1	.098		
	Fisher's Exact Test					
	Linear-by-Linear Association	2.724	1	.099		
Comparison	N of Valid Cases	1249			.688	.346
	Pearson Chi-Square	.228 ^d	1	.633		
	Continuity Correction ^b	.157	1	.692		
	Likelihood Ratio	.228	1	.633		
	Fisher's Exact Test					
Pilot	Linear-by-Linear Association	.227	1	.634	.008	.006
	N of Valid Cases	751				
	Pearson Chi-Square	7.389 ^e	1	.007		
	Continuity Correction ^b	6.508	1	.011		
	Likelihood Ratio	7.278	1	.007		
Total	Fisher's Exact Test					
	Linear-by-Linear Association	7.357	1	.007		
	N of Valid Cases	234				
Pearson Chi-Square		6.372 ^a	1	.012		

Continuity Correction ^b	6.131	1	.013		
Likelihood Ratio	6.403	1	.011		
Fisher's Exact Test				.012	.007
Linear-by-Linear Association	6.370	1	.012		
N of Valid Cases	2234				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 267.19.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 139.63.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 97.97.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 18.87.

PERCEPTION OF WORKFORCE AND WORK DYNAMICS IN OWN ORGANISATION

Level of agreement with the following

Front line staff participate in decision making

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	300	212	512
	40.70%	36.30%	38.80%
Agree or strongly agree	437	372	809
	59.30%	63.70%	61.20%
Total	737	584	1321
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	179	143	322
	40.60%	41.20%	40.90%
Agree or strongly agree	262	204	466
	59.40%	58.80%	59.10%
Total	441	347	788
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	25	40	65
	24.50%	26.70%	25.80%
Agree or strongly agree	77	110	187
	75.50%	73.30%	74.20%
Total	102	150	252
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	504	395	899
	39.40%	36.50%	38.10%
Agree or strongly agree	776	686	1462
	60.60%	63.50%	61.90%
Total	1280	1081	2361
	100.00%	100.00%	100.00%

Chi-Square Tests

Group	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)

Host	Pearson Chi-Square	2.663 ^c	1	.103	.111	.058
	Continuity Correction ^b	2.480	1	.115		
	Likelihood Ratio	2.668	1	.102		
	Fisher's Exact Test					
	Linear-by-Linear Association	2.661	1	.103		
	N of Valid Cases	1321				
Comparison	Pearson Chi-Square	.031 ^d	1	.860	.884	.459
	Continuity Correction ^b	.011	1	.918		
	Likelihood Ratio	.031	1	.860		
	Fisher's Exact Test					
	Linear-by-Linear Association	.031	1	.860		
	N of Valid Cases	788				
Pilot	Pearson Chi-Square	.148 ^e	1	.701	.770	.408
	Continuity Correction ^b	.056	1	.812		
	Likelihood Ratio	.148	1	.700		
	Fisher's Exact Test					
	Linear-by-Linear Association	.147	1	.701		
	N of Valid Cases	252				
Total	Pearson Chi-Square	1.997 ^a	1	.158		

Continuity Correction ^b	1.879	1	.170		
Likelihood Ratio	1.999	1	.157		
Fisher's Exact Test				.161	.085
Linear-by-Linear Association	1.997	1	.158		
N of Valid Cases	2361				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 411.61.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 226.35.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 141.79.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 26.31.

Form filling and paperwork are kept to minimum

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	633	520	1153
	85.50%	89.20%	87.20%
Agree or strongly agree	107	63	170
	14.50%	10.80%	12.80%
Total	740	583	1323
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	398	307	705
	90.00%	88.50%	89.40%
Agree or strongly agree	44	40	84
	10.00%	11.50%	10.60%
Total	442	347	789
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	66	96	162
	65.30%	63.60%	64.30%

Agree or strongly agree	35	55	90
	34.70%	36.40%	35.70%
Total	101	151	252
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	1097	923	2020
	85.50%	85.40%	85.40%
Agree or strongly agree	186	158	344
	14.50%	14.60%	14.60%
Total	1283	1081	2364
	100.00%	100.00%	100.00%

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	3.886 ^c	1	.049	.057	.029
	Continuity Correction ^b	3.567	1	.059		
	Likelihood Ratio	3.936	1	.047		
	Fisher's Exact Test					
	Linear-by-Linear Association	3.883	1	.049		
Comparison	N of Valid Cases	1323			.487	.275
	Pearson Chi-Square	.505 ^d	1	.477		
	Continuity Correction ^b	.354	1	.552		
	Likelihood Ratio	.503	1	.478		
	Fisher's Exact Test					
Pilot	Linear-by-Linear Association	.505	1	.477		
	N of Valid Cases	789				
	Pearson Chi-Square	.083 ^e	1	.774		
	Continuity Correction ^b	.024	1	.878		
	Likelihood Ratio	.083	1	.774		

Total	Fisher's Exact Test				.790	.440
	Linear-by-Linear Association	.082	1	.774		
	N of Valid Cases	252				
	Pearson Chi-Square	.007 ^a	1	.935		
	Continuity Correction ^b	.001	1	.982		
	Likelihood Ratio	.007	1	.935		
	Fisher's Exact Test				.953	.490
	Linear-by-Linear Association	.007	1	.935		
	N of Valid Cases	2364				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 157.30.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 74.91.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 36.94.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 36.07.

Innovative practice with service users and carers is encouraged

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	177	142	319
	24.30%	31.00%	26.90%
Agree or strongly agree	550	316	866
	75.70%	69.00%	73.10%
Total	727	458	1185
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	129	82	211

	29.50%	32.90%	30.70%
Agree or strongly agree	309	167	476
	70.50%	67.10%	69.30%
Total	438	249	687
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	11	22	33
	11.10%	20.00%	15.80%
Agree or strongly agree	88	88	176
	88.90%	80.00%	84.20%
Total	99	110	209
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	317	246	563
	25.10%	30.10%	27.10%
Agree or strongly agree	947	571	1518
	74.90%	69.90%	72.90%
Total	1264	817	2081
	100.00%	100.00%	100.00%

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	6.331 ^c	1	.012	.013	.007
	Continuity Correction ^b	5.997	1	.014		
	Likelihood Ratio	6.270	1	.012		
	Fisher's Exact Test					
	Linear-by-Linear Association	6.326	1	.012		
N of Valid Cases		1185				
Comparison	Pearson Chi-Square	.903 ^d	1	.342	.345	.193
	Continuity Correction ^b	.747	1	.387		
	Likelihood Ratio	.898	1	.343		
	Fisher's Exact Test					

Pilot	Linear-by-Linear Association	.902	1	.342		
	N of Valid Cases	687				
	Pearson Chi-Square	3.096 ^e	1	.078		
	Continuity Correction ^b	2.464	1	.116		
	Likelihood Ratio	3.159	1	.076	.089	.057
Total	Fisher's Exact Test					
	Linear-by-Linear Association	3.081	1	.079		
	N of Valid Cases	209				
	Pearson Chi-Square	6.365 ^a	1	.012		
	Continuity Correction ^b	6.112	1	.013		
	Likelihood Ratio	6.319	1	.012		
	Fisher's Exact Test				.013	.007
	Linear-by-Linear Association	6.362	1	.012		
	N of Valid Cases	2081				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 221.03.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 123.29.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 76.48.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 15.63.

Mistakes and failures are treated as opportunities for learning

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	242	208	450
	33.00%	36.00%	34.30%

Agree or strongly agree	492	370	862
	67.00%	64.00%	65.70%
Total	734	578	1312
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	143	98	241
	32.50%	28.70%	30.90%
Agree or strongly agree	297	243	540
	67.50%	71.30%	69.10%
Total	440	341	781
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	31	37	68
	30.70%	25.30%	27.50%
Agree or strongly agree	70	109	179
	69.30%	74.70%	72.50%
Total	101	146	247
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	416	343	759
	32.60%	32.20%	32.40%
Agree or strongly agree	859	722	1581
	67.40%	67.80%	67.60%
Total	1275	1065	2340
	100.00%	100.00%	100.00%

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	1.305 ^c	1	.253	.266	.139
	Continuity Correction ^b	1.175	1	.278		
	Likelihood Ratio	1.304	1	.254		
	Fisher's Exact Test					
	Linear-by-Linear Association	1.304	1	.253		
	N of Valid Cases	1312				
Comparison	Pearson Chi-Square	1.274 ^d	1	.259		

Pilot	Continuity Correction ^b	1.103	1	.294		
	Likelihood Ratio	1.278	1	.258		
	Fisher's Exact Test				.275	.147
	Linear-by-Linear Association	1.272	1	.259		
	N of Valid Cases	781				
	Pearson Chi-Square	.857 ^e	1	.355		
	Continuity Correction ^b	.609	1	.435		
	Likelihood Ratio	.851	1	.356		
	Fisher's Exact Test				.386	.217
	Linear-by-Linear Association	.853	1	.356		
	N of Valid Cases	247				
	Pearson Chi-Square	.047 ^a	1	.829		
	Continuity Correction ^b	.030	1	.863		
	Likelihood Ratio	.047	1	.829		
	Fisher's Exact Test				.859	.432
Total	Linear-by-Linear Association	.047	1	.829		
	N of Valid Cases	2340				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 345.44.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 198.25.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 105.23.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 27.81.

Staff turnover is low

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	393	320	713

	53.50%	55.00%	54.20%
Agree or strongly agree	341	262	603
	46.50%	45.00%	45.80%
Total	734	582	1316
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	109	86	195
	24.90%	24.80%	24.80%
Agree or strongly agree	329	261	590
	75.10%	75.20%	75.20%
Total	438	347	785
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	40	65	105
	39.60%	43.60%	42.00%
Agree or strongly agree	61	84	145
	60.40%	56.40%	58.00%
Total	101	149	250
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	542	471	1013
	42.60%	43.70%	43.10%
Agree or strongly agree	731	607	1338
	57.40%	56.30%	56.90%
Total	1273	1078	2351
	100.00%	100.00%	100.00%

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	.271 ^c	1	.602	.616	.321
	Continuity Correction ^b	.216	1	.642		
	Likelihood Ratio	.271	1	.602		
	Fisher's Exact Test					
	Linear-by- Linear Association	.271	1	.603		

Comparison	N of Valid Cases	1316				
	Pearson Chi-Square	.001 ^d	1	.974		
	Continuity Correction ^b	.000	1	1.000		
	Likelihood Ratio	.001	1	.974		
	Fisher's Exact Test				1.000	.521
Pilot	Linear-by-Linear Association	.001	1	.974		
	N of Valid Cases	785				
	Pearson Chi-Square	.399 ^e	1	.527		
	Continuity Correction ^b	.251	1	.616		
	Likelihood Ratio	.400	1	.527		
Pilot	Fisher's Exact Test				.602	.308
	Linear-by-Linear Association	.398	1	.528		
	N of Valid Cases	250				
	Pearson Chi-Square	.296 ^a	1	.586		
	Continuity Correction ^b	.252	1	.615		
Total	Likelihood Ratio	.296	1	.586		
	Fisher's Exact Test				.587	.308
	Linear-by-Linear Association	.296	1	.586		
	N of Valid Cases	2351				

- a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 464.49.
- b. Computed only for a 2x2 table
- c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 266.68.
- d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 86.20.
- e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 42.42.

There is adequate administrative support

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	383	334	717
	51.60%	57.50%	54.20%
Agree or strongly agree	359	247	606
	48.40%	42.50%	45.80%
Total	742	581	1323
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	260	211	471
	59.00%	60.80%	59.80%
Agree or strongly agree	181	136	317
	41.00%	39.20%	40.20%
Total	441	347	788
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	40	74	114
	39.20%	49.30%	45.20%
Agree or strongly agree	62	76	138
	60.80%	50.70%	54.80%
Total	102	150	252
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	683	619	1302
	53.20%	57.40%	55.10%
Agree or strongly agree	602	459	1061
	46.80%	42.60%	44.90%
Total	1285	1078	2363
	100.00%	100.00%	100.00%

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2-sided)	Exact Sig. (1- sided)
Host	Pearson Chi-Square	4.523 ^c	1	.033	.035	.019
	Continuity Correction ^b	4.289	1	.038		
	Likelihood Ratio	4.529	1	.033		
	Fisher's Exact Test					
	Linear-by-Linear Association	4.519	1	.034		
Comparison	N of Valid Cases	1323			.609	.326
	Pearson Chi-Square	.276 ^d	1	.599		
	Continuity Correction ^b	.205	1	.651		
	Likelihood Ratio	.277	1	.599		
	Fisher's Exact Test					
Pilot	Linear-by-Linear Association	.276	1	.599	.123	.073
	N of Valid Cases	788				
	Pearson Chi-Square	2.509 ^e	1	.113		
	Continuity Correction ^b	2.117	1	.146		
	Likelihood Ratio	2.520	1	.112		
Total	Fisher's Exact Test					
	Linear-by-Linear Association	2.499	1	.114		
	N of Valid Cases	252				
	Pearson Chi-Square	4.319 ^a	1	.038		
	Continuity Correction ^b	4.148	1	.042		
	Likelihood Ratio	4.323	1	.038		

Fisher's Exact Test				.038	.021
Linear-by-Linear Association	4.317	1	.038		
N of Valid Cases	2363				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 484.03.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 266.13.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 139.59.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 46.14.

Staff supervision is a priority

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	266	225	491
	35.80%	38.60%	37.00%
Agree or strongly agree	477	358	835
	64.20%	61.40%	63.00%
Total	743	583	1326
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	169	129	298
	38.20%	37.10%	37.70%
Agree or strongly agree	273	219	492
	61.80%	62.90%	62.30%
Total	442	348	790
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	27	46	73
	26.50%	30.50%	28.90%
Agree or strongly agree	75	105	180
	73.50%	69.50%	71.10%
Total	102	151	253
	100.00%	100.00%	100.00%
TOTAL			

Disagree or strongly disagree	462	400	862
	35.90%	37.00%	36.40%
Agree or strongly agree	825	682	1507
	64.10%	63.00%	63.60%
Total	1287	1082	2369
	100.00%	100.00%	100.00%

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Host	Pearson Chi-Square	1.093 ^c	1	.296	.303	.162
	Continuity Correction ^b	.976	1	.323		
	Likelihood Ratio	1.091	1	.296		
	Fisher's Exact Test					
	Linear-by-Linear Association	1.092	1	.296		
	N of Valid Cases	1326				
	Pearson Chi-Square	.113 ^d	1	.737		
Comparison	Continuity Correction ^b	.069	1	.793	.768	.397
	Likelihood Ratio	.113	1	.737		
	Fisher's Exact Test					
	Linear-by-Linear Association	.113	1	.737		
	N of Valid Cases	790				
Pilot	Pearson Chi-Square	.473 ^e	1	.492		
	Continuity Correction ^b	.298	1	.585		

Total	Likelihood Ratio	.476	1	.490		
	Fisher's Exact Test				.572	.294
	Linear-by-Linear Association	.471	1	.493		
	N of Valid Cases	253				
	Pearson Chi-Square	.291 ^a	1	.589		
	Continuity Correction ^b	.247	1	.619		
	Likelihood Ratio	.291	1	.589		
	Fisher's Exact Test				.607	.310
	Linear-by-Linear Association	.291	1	.589		
	N of Valid Cases	2369				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 393.70.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 215.88.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 131.27.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 29.43.

Staff feel confident to challenge practice decisions

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	354	251	605
	47.50%	43.60%	45.80%
Agree or strongly agree	391	325	716
	52.50%	56.40%	54.20%

Total	745	576	1321
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	163	116	279
	36.90%	33.20%	35.30%
Agree or strongly agree	279	233	512
	63.10%	66.80%	64.70%
Total	442	349	791
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	42	41	83
	41.60%	27.30%	33.10%
Agree or strongly agree	59	109	168
	58.40%	72.70%	66.90%
Total	101	150	251
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	559	408	967
	43.40%	38.00%	40.90%
Agree or strongly agree	729	667	1396
	56.60%	62.00%	59.10%
Total	1288	1075	2363
	100.00%	100.00%	100.00%

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Host	Pearson Chi-Square	2.032 ^c	1	.154	.164	.085
	Continuity Correction ^b	1.876	1	.171		
	Likelihood Ratio	2.034	1	.154		
	Fisher's Exact Test					
	Linear-by-Linear Association	2.030	1	.154		
	N of Valid Cases	1321				

Comparison	Pearson Chi-Square	1.132 ^d	1	.287		
	Continuity Correction ^b	.978	1	.323		
	Likelihood Ratio	1.134	1	.287		
	Fisher's Exact Test				.295	.161
	Linear-by-Linear Association	1.130	1	.288		
Pilot	N of Valid Cases	791				
	Pearson Chi-Square	5.538 ^e	1	.019		
	Continuity Correction ^b	4.913	1	.027		
	Likelihood Ratio	5.493	1	.019		
	Fisher's Exact Test				.021	.014
Total	Linear-by-Linear Association	5.516	1	.019		
	N of Valid Cases	251				
	Pearson Chi-Square	7.191 ^a	1	.007		
	Continuity Correction ^b	6.968	1	.008		
	Likelihood Ratio	7.205	1	.007		
Total	Fisher's Exact Test				.008	.004
	Linear-by-Linear Association	7.188	1	.007		
	N of Valid Cases	2363				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 439.92.

b. Computed only for a 2x2 table

- c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 263.80.
- d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 123.10.
- e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 33.40.

VIEWS ON ANTICIPATED AIMS OF SOCIAL WORK PRACTICE WITH ADULTS

Asked only for those who ever heard of the pilots

Staff in SWPwA will be able to work in frontline practice for longer

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	179	55	234
	42.20%	31.10%	38.90%
Agree or strongly agree	245	122	367
	57.80%	68.90%	61.10%
Total	424	177	601
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	138	32	170
	51.50%	28.80%	44.90%
Agree or strongly agree	130	79	209
	48.50%	71.20%	55.10%
Total	268	111	379
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	13	15	28
	18.60%	16.70%	17.50%
Agree or strongly agree	57	75	132
	81.40%	83.30%	82.50%
Total	70	90	160
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	330	102	432
	43.30%	27.00%	37.90%
Agree or strongly agree	432	276	708
	56.70%	73.00%	62.10%
Total	762	378	1140
	100.00%	100.00%	100.00%

Chi-Square Tests

Group	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)

Host	Pearson Chi-Square	6.522 ^c	1	.011		
	Continuity Correction ^b	6.062	1	.014		
	Likelihood Ratio	6.643	1	.010		
	Fisher's Exact Test				.013	.007
	Linear-by-Linear Association	6.511	1	.011		
Comparison	N of Valid Cases	601				
	Pearson Chi-Square	16.299 ^d	1	.000		
	Continuity Correction ^b	15.396	1	.000		
	Likelihood Ratio	16.761	1	.000		
	Fisher's Exact Test				.000	.000
Pilot	Linear-by-Linear Association	16.256	1	.000		
	N of Valid Cases	379				
	Pearson Chi-Square	.099 ^e	1	.753		
	Continuity Correction ^b	.011	1	.916		
	Likelihood Ratio	.099	1	.753		
Total	Fisher's Exact Test				.835	.456
	Linear-by-Linear Association	.098	1	.754		
	N of Valid Cases	160				
Total	Pearson Chi-Square	28.604 ^a	1	.000		

Continuity Correction ^b	27.915	1	.000		
Likelihood Ratio	29.400	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	28.579	1	.000		
N of Valid Cases	1140				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 143.24.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 68.92.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 49.79.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 12.25.

SWPwA will increase the opportunities for adults in need of care to be more involved in the decision making process

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	103	50	153
	21.00%	22.20%	21.40%
Agree or strongly agree	388	175	563
	79.00%	77.80%	78.60%
Total	491	225	716
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	114	28	142
	38.90%	21.90%	33.70%
Agree or strongly agree	179	100	279
	61.10%	78.10%	66.30%
Total	293	128	421
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	6	10	16

	6.50%	8.70%	7.70%
Agree or strongly agree	86	105	191
	93.50%	91.30%	92.30%
Total	92	115	207
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	223	88	311
	25.50%	18.80%	23.10%
Agree or strongly agree	653	380	1033
	74.50%	81.20%	76.90%
Total	876	468	1344
	100.00%	100.00%	100.00%

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1-sided)
Host	Pearson	.142 ^c	1	.706		
	Chi-Square					
	Continuity Correction ^b	.078	1	.780		
	Likelihood Ratio	.142	1	.707		
	Fisher's Exact Test				.696	.388
	Linear-by- Linear Association	.142	1	.706		
N of Valid Cases		716				
Comparison	Pearson	11.562 ^d	1	.001		
	Chi-Square					
	Continuity Correction ^b	10.813	1	.001		
	Likelihood Ratio	12.100	1	.001		
	Fisher's Exact Test				.001	.000
Linear-by- Linear Association		11.535	1	.001		

Pilot	N of Valid Cases	421				
	Pearson Chi-Square	.339 ^e	1	.561		
	Continuity Correction ^b	.102	1	.749		
	Likelihood Ratio	.343	1	.558		
	Fisher's Exact Test				.611	.378
Total	Linear-by-Linear Association	.337	1	.562		
	N of Valid Cases	207				
	Pearson Chi-Square	7.592 ^a	1	.006		
	Continuity Correction ^b	7.222	1	.007		
	Likelihood Ratio	7.775	1	.005		
Total	Fisher's Exact Test				.007	.003
	Linear-by-Linear Association	7.586	1	.006		
	N of Valid Cases	1344				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 108.29.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 48.08.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 43.17.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.11.

SWPwA will improve relationships between social work staff and other professionals working with adults who need care

	Data		Total
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	Point		
	T1	T2	
Host			
Disagree or strongly disagree	124	49	173
	27.40%	23.70%	26.30%
Agree or strongly agree	328	158	486
	72.60%	76.30%	73.70%
Total	452	207	659
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	116	37	153
	42.00%	29.10%	38.00%
Agree or strongly agree	160	90	250
	58.00%	70.90%	62.00%
Total	276	127	403
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	11	10	21
	12.60%	8.90%	10.60%
Agree or strongly agree	76	102	178
	87.40%	91.10%	89.40%
Total	87	112	199
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	251	96	347
	30.80%	21.50%	27.50%
Agree or strongly agree	564	350	914
	69.20%	78.50%	72.50%
Total	815	446	1261
	100.00%	100.00%	100.00%

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Host	Pearson Chi-Square	1.038 ^c	1	.308		
	Continuity Correction ^b	.853	1	.356		
	Likelihood Ratio	1.051	1	.305		
	Fisher's Exact Test				.341	.178

Comparison	Linear-by-Linear Association	1.036	1	.309		
	N of Valid Cases	659				
	Pearson Chi-Square	6.141 ^d	1	.013		
	Continuity Correction ^b	5.606	1	.018		
	Likelihood Ratio	6.276	1	.012		
Pilot	Fisher's Exact Test				.015	.008
	Linear-by-Linear Association	6.126	1	.013		
	N of Valid Cases	403				
	Pearson Chi-Square	.716 ^e	1	.397		
	Continuity Correction ^b	.376	1	.539		
Total	Likelihood Ratio	.710	1	.399		
	Fisher's Exact Test				.487	.269
	Linear-by-Linear Association	.712	1	.399		
	N of Valid Cases	199				
	Pearson Chi-Square	12.427 ^a	1	.000		
Total	Continuity Correction ^b	11.966	1	.001		
	Likelihood Ratio	12.743	1	.000		
	Fisher's Exact Test				.000	.000
	Linear-by-Linear Association	12.417	1	.000		

N of Valid Cases	1261				
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a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 122.73.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 54.34.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 48.22.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.18.

SWPwA will improve relationships between social work staff and carers

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	123	47	170
	26.80%	23.40%	25.80%
Agree or strongly agree	336	154	490
	73.20%	76.60%	74.20%
Total	459	201	660
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	119	37	156
	42.50%	30.10%	38.70%
Agree or strongly agree	161	86	247
	57.50%	69.90%	61.30%
Total	280	123	403
	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	7	12	19
	8.20%	11.00%	9.80%
Agree or strongly agree	78	97	175
	91.80%	89.00%	90.20%
Total	85	109	194
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	249	96	345
	30.20%	22.20%	27.40%

Agree or strongly agree	575	337	912
	69.80%	77.80%	72.60%
Total	824	433	1257
	100.00%	100.00%	100.00%

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Host	Pearson Chi-Square	.852 ^c	1	.356	.385	.205
	Continuity Correction ^b	.683	1	.409		
	Likelihood Ratio	.862	1	.353		
	Fisher's Exact Test					
	Linear-by-Linear Association	.851	1	.356		
Comparison	N of Valid Cases	660			.020	.012
	Pearson Chi-Square	5.555 ^d	1	.018		
	Continuity Correction ^b	5.044	1	.025		
	Likelihood Ratio	5.670	1	.017		
	Fisher's Exact Test					
Pilot	Linear-by-Linear Association	5.541	1	.019	.629	.347
	N of Valid Cases	403				
	Pearson Chi-Square	.416 ^e	1	.519		
	Continuity Correction ^b	.161	1	.688		
	Likelihood Ratio	.422	1	.516		
Total	Fisher's Exact Test					
	Linear-by-Linear Association	.414	1	.520		
	N of Valid Cases	194				
Total		Pearson Chi-Square	9.231 ^a	1	.002	

Continuity Correction ^b	8.832	1	.003		
Likelihood Ratio	9.442	1	.002		
Fisher's Exact Test				.003	.001
Linear-by-Linear Association	9.224	1	.002		
N of Valid Cases	1257				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 118.84.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 51.77.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 47.61.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.32.

SWPwA will reduce the amount of time staff spend on form filling and in meetings

	Data Point		Total
	T1	T2	
Host			
Disagree or strongly disagree	242	91	333
	53.80%	49.70%	52.60%
Agree or strongly agree	208	92	300
	46.20%	50.30%	47.40%
Total	450	183	633
	100.00%	100.00%	100.00%
Comparison			
Disagree or strongly disagree	191	63	254
	70.20%	53.40%	65.10%
Agree or strongly agree	81	55	136
	29.80%	46.60%	34.90%
Total	272	118	390

	100.00%	100.00%	100.00%
Pilot			
Disagree or strongly disagree	28	49	77
	36.80%	44.10%	41.20%
Agree or strongly agree	48	62	110
	63.20%	55.90%	58.80%
Total	76	111	187
	100.00%	100.00%	100.00%
TOTAL			
Disagree or strongly disagree	461	203	664
	57.80%	49.30%	54.90%
Agree or strongly agree	337	209	546
	42.20%	50.70%	45.10%
Total	798	412	1210
	100.00%	100.00%	100.00%

Chi-Square Tests

Group		Value	df	Asymp. Sig. (2- sided)	Exact Sig. (2-sided)	Exact Sig. (1- sided)
Host	Pearson Chi-Square	.856 ^c	1	.355	.380	.201
	Continuity Correction ^b	.702	1	.402		
	Likelihood Ratio	.856	1	.355		
	Fisher's Exact Test					
	Linear-by-Linear Association	.855	1	.355		
Comparison	N of Valid Cases	633			.002	.001
	Pearson Chi-Square	10.265 ^d	1	.001		
	Continuity Correction ^b	9.537	1	.002		
	Likelihood Ratio	10.059	1	.002		
	Fisher's Exact Test					

Pilot	Linear-by-Linear Association	10.238	1	.001		
	N of Valid Cases	390				
	Pearson Chi-Square	.993 ^e	1	.319		
	Continuity Correction ^b	.714	1	.398		
	Likelihood Ratio	.998	1	.318		
	Fisher's Exact Test				.365	.199
	Linear-by-Linear Association	.988	1	.320		
Total	N of Valid Cases	187				
	Pearson Chi-Square	7.923 ^a	1	.005		
	Continuity Correction ^b	7.584	1	.006		
	Likelihood Ratio	7.908	1	.005		
	Fisher's Exact Test				.005	.003
	Linear-by-Linear Association	7.917	1	.005		
	N of Valid Cases	1210				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 185.91.

b. Computed only for a 2x2 table

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 86.73.

d. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 41.15.

e. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 31.29.

SWPWA STAFF VIEWS ON THE RELATIONSHIP WITH THEIR HOST LOCAL AUTHORITY

Asked at T2 for pilot staff only

How would you describe the working relationship with your host local authority?

	Number
Relationship with host LA	Per cent
Excellent	12
	5.80%
Very good	78
	37.50%
Good but can be better	97
	46.60%
Not very good	10
	4.80%
Problematic	11
	5.30%
Total	208
	100.00%

MASLACH BURNOUT INVENTORY

Emotional Exhaustion: Changes in means

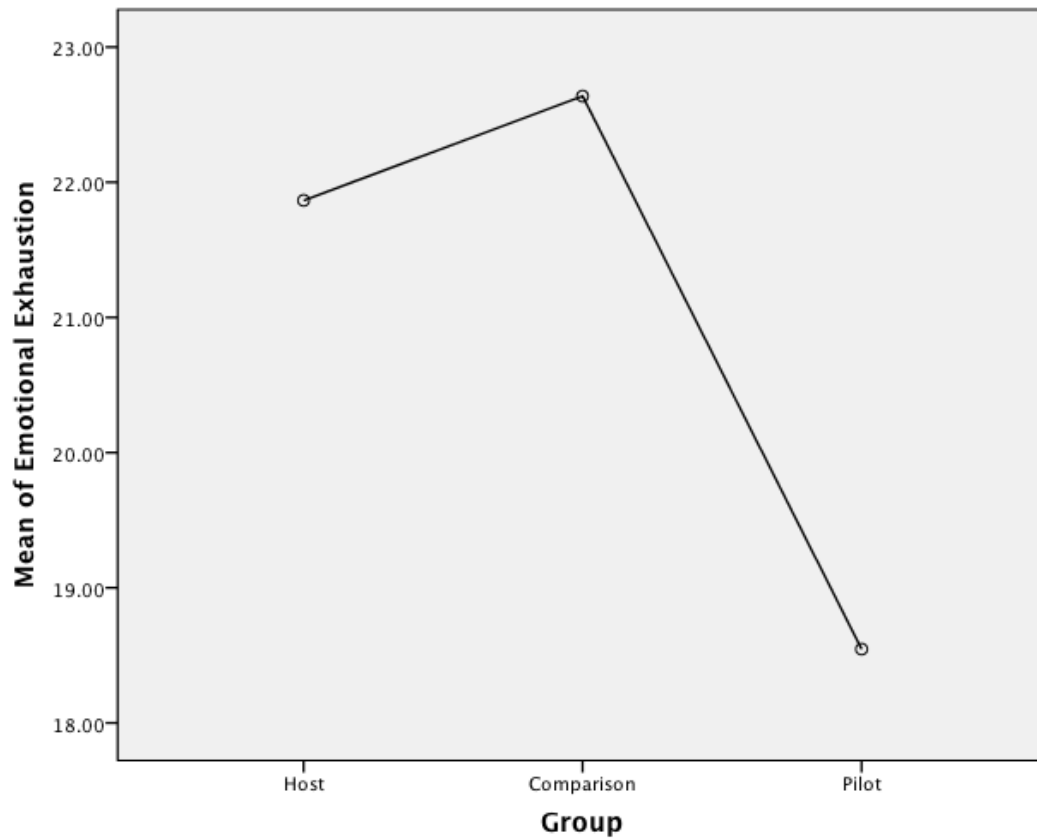
Means (for both T1 and T2)

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Host	1272	21.8656	10.65155	.29865	21.2797	22.4515
Comparison	756	22.6376	10.20990	.37133	21.9086	23.3665
Pilot	251	18.5458	10.88563	.68709	17.1926	19.8990
Total	2279	21.7560	10.59508	.22194	21.3208	22.1913

ANOVA

Emotional Exhaustion

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3189.427	2	1594.713	14.373	.000
Within Groups	252528.928	2276	110.953		
Total	255718.355	2278			



Report

Emotional Exhaustion

Group	Data Point	Mean	N	Std. Deviation	Skewness
Host	T1	21.4868	717	10.58216	.193
	T2	22.3550	555	10.73029	.227
	Total	21.8656	1272	10.65155	.209
Comparison	T1	22.5816	423	10.25792	.083
	T2	22.7087	333	10.16353	.139
	Total	22.6376	756	10.20990	.107
Pilot	T1	19.0680	103	11.10843	.197
	T2	18.1824	148	10.75076	.388
	Total	18.5458	251	10.88563	.307
Total	T1	21.6589	1243	10.55022	.144
	T2	21.8726	1036	10.65258	.205
	Total	21.7560	2279	10.59508	.173

Test of significance between groups (Host, Comparison, Pilot)

		Sum of Squares	df	Mean Square	F	Sig.
Emotional Exhaustion * Group						
Between Groups	(Combined)	3189.427	2	1594.713	14.373	0.000
Within Groups		252528.928	2276	110.953		
Total		255718.355	2278			

Test of significance across time (T1, T2) within groups

		Sum of Squares	df	Mean Square	F	Sig.
Emotional Exhaustion * Data Point						
Between Groups	(Combined)	25.804	1	25.804	0.23	0.632
Within Groups		255692.551	2277	112.294		
Total		255718.355	2278			

Host (change over time in EE):

Group Statistics: HOST					
	Data Point	N	Mean	Std. Deviation	Std. Error Mean
Emotional Exhaustion	T1	717	21.4868	10.58216	0.3952
	T2	555	22.355	10.73029	0.45548

Levene's Test for Equality of Variances		t-test for Equality of Means					
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference
							Lower Upper
Emotional Exhaustion							
Equal variances assumed	0.563	0.453	-1.442	1270	0.149	-0.8682	-2.04915 0.31274
Equal variances not assumed			-1.44	1183.2	0.15	-0.8682	-2.05132 0.31491

Comparison (change over time in EE):

Group Statistics: COMPARISON				
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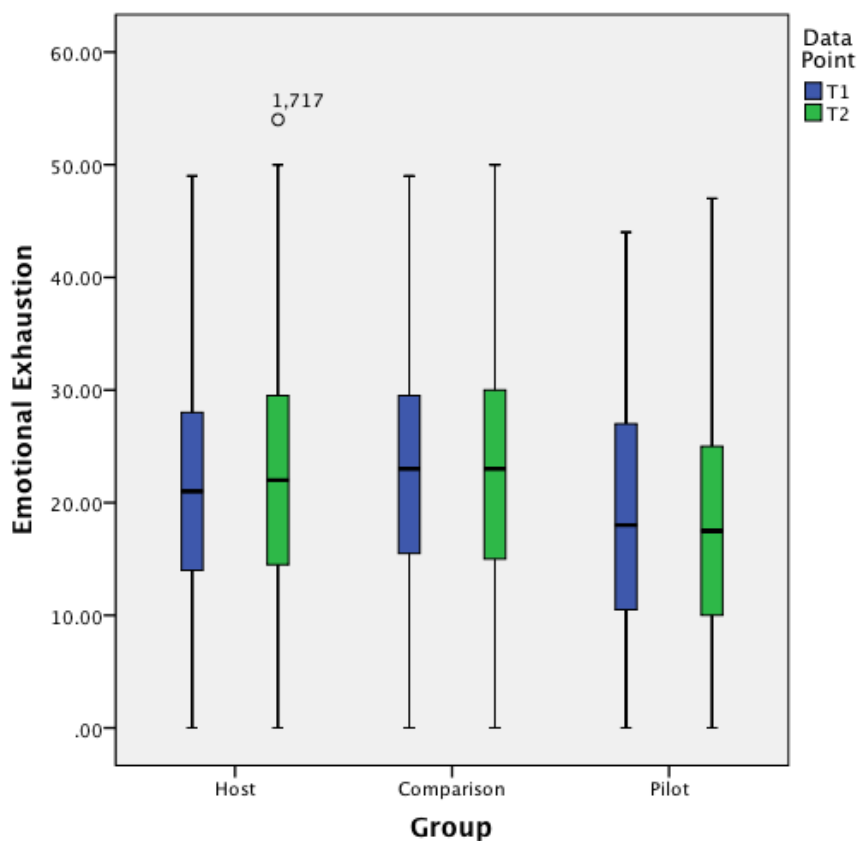
	Data Point	N	Mean	Std. Deviation	Std. Error Mean
Emotional Exhaustion	T1	423	22.5816	10.25792	0.49876
	T2	333	22.7087	10.16353	0.55696

	Levene's Test for Equality of Variances		t-test for Equality of Means			
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference
Emotional Exhaustion						
Equal variances assumed	0.01	0.922	-0.17	754	0.865	-0.12715
Equal variances not assumed			-0.17	715.823	0.865	-0.12715

Pilots (change over time in EE):

Group Statistics: PILOT					
	Data Point	N	Mean	Std. Deviation	Std. Error Mean
Emotional Exhaustion	T1	103	19.068	11.10843	1.09455
	T2	148	18.1824	10.75076	0.88371

	Levene's Test for Equality of Variances		t-test for Equality of Means			
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference
Emotional Exhaustion						
Equal variances assumed	0.826	0.364	0.633	249	0.527	0.88553
Equal variances not assumed			0.629	214.945	0.53	0.88553



Emotional Exhaustion (Grouped)

Crosstab

Data Point			Emotional Exhaustion Grouped			Total
			Low	Moderate	High	
T1	Host	Count	237	257	223	717
		% within Group	33.1%	35.8%	31.1%	100.0%
	Comparison	Count	122	155	146	423
		% within Group	28.8%	36.6%	34.5%	100.0%
	Pilot	Count	48	25	30	103
		% within Group	46.6%	24.3%	29.1%	100.0%
T2	Total	Count	407	437	399	1243
		% within Group	32.7%	35.2%	32.1%	100.0%
	Host	Count	171	183	201	555
		% within Group	30.8%	33.0%	36.2%	100.0%
	Comparison	Count	96	129	108	333
		% within Group	28.8%	38.7%	32.4%	100.0%
T2	Pilot	Count	70	50	28	148
		% within Group	47.3%	33.8%	18.9%	100.0%
	Total	Count	337	362	337	1036

To tal	Host	% within Group	32.5%	34.9%	32.5%	100.0%
		Count	408	440	424	1272
	Group Comparison	% within Group	32.1%	34.6%	33.3%	100.0%
		Count	218	284	254	756
	Pilot	% within Group	28.8%	37.6%	33.6%	100.0%
		Count	118	75	58	251
	Total	% within Group	47.0%	29.9%	23.1%	100.0%
		Count	744	799	736	2279
		% within Group	32.6%	35.1%	32.3%	100.0%

Chi-Square Tests

Data Point		Value	df	Asymp. Sig. (2-sided)
T1	Pearson Chi-Square	13.138 ^b	4	.011
	Likelihood Ratio	12.928	4	.012
	Linear-by-Linear Association	.189	1	.664
	N of Valid Cases	1243		
T2	Pearson Chi-Square	24.623 ^c	4	.000
	Likelihood Ratio	24.846	4	.000
	Linear-by-Linear Association	14.658	1	.000
	N of Valid Cases	1036		
Total	Pearson Chi-Square	30.093 ^a	4	.000
	Likelihood Ratio	29.104	4	.000
	Linear-by-Linear Association	9.149	1	.002
	N of Valid Cases	2279		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 81.06.

b. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 33.06.

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 48.14.

Depersonalization

Comparing means of DP sub-scale

Overall means for both T1 and T2 by different groups

Descriptive

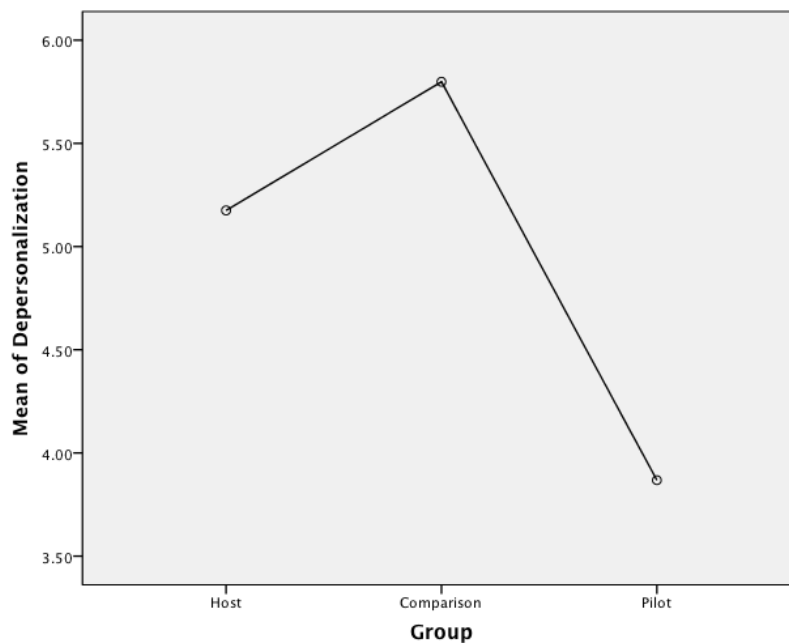
Depersonalization

	N	Mean	Std. Deviation	95% Confidence Interval for Mean	
				Lower Bound	Upper Bound
Host	1273	5.1752	4.17841	4.9454	5.4049
Comparison	754	5.7984	4.28986	5.4917	6.1051
Pilot	250	3.8680	3.88936	3.3835	4.3525
Total	2277	5.2380	4.22058	5.0646	5.4115

ANOVA

Depersonalization

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	711.049	2	355.524	20.297	.000
Within Groups	39831.938	2274	17.516		
Total	40542.986	2276			



Change over time: DP- Maslach

Report

Depersonalization

Group	Data Point	Mean	N	Std. Deviation	Skewness
Host	T1	4.9331	718	4.11460	1.028
	T2	5.4883	555	4.24278	.741
	Total	5.1752	1273	4.17841	.896
Comparison	T1	5.5532	423	4.15532	.783
	T2	6.1118	331	4.44252	.922
	Total	5.7984	754	4.28986	.858
Pilot	T1	3.8252	103	3.60671	1.322
	T2	3.8980	147	4.08763	1.665
	Total	3.8680	250	3.88936	1.557
Total	T1	5.0523	1244	4.11261	.956
	T2	5.4618	1033	4.33848	.900
	Total	5.2380	2277	4.22058	.933

Statistical test- Difference between groups

ANOVA

Depersonalization * Group	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	711.049	2	355.524	20.297	<0.000
Within Groups	39831.938	2274	17.516		
Total	40542.986	2276			

Host (change over time in DP):

Data Point	N	Mean	Std. Deviation	Std. Error Mean
Depersonalization				
T1	718	4.9331	4.1146	0.15356
T2	555	5.4883	4.24278	0.1801

Levene's Test for Equality of Variances		t-test for Equality of Means				
F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	

Depersonalization						
Equal variances assumed	1.731	0.189	-2.355	1271	0.019	-0.55514
Equal variances not assumed			-2.346	1173.203	0.019	-0.55514

Comparison (change over time in DP):

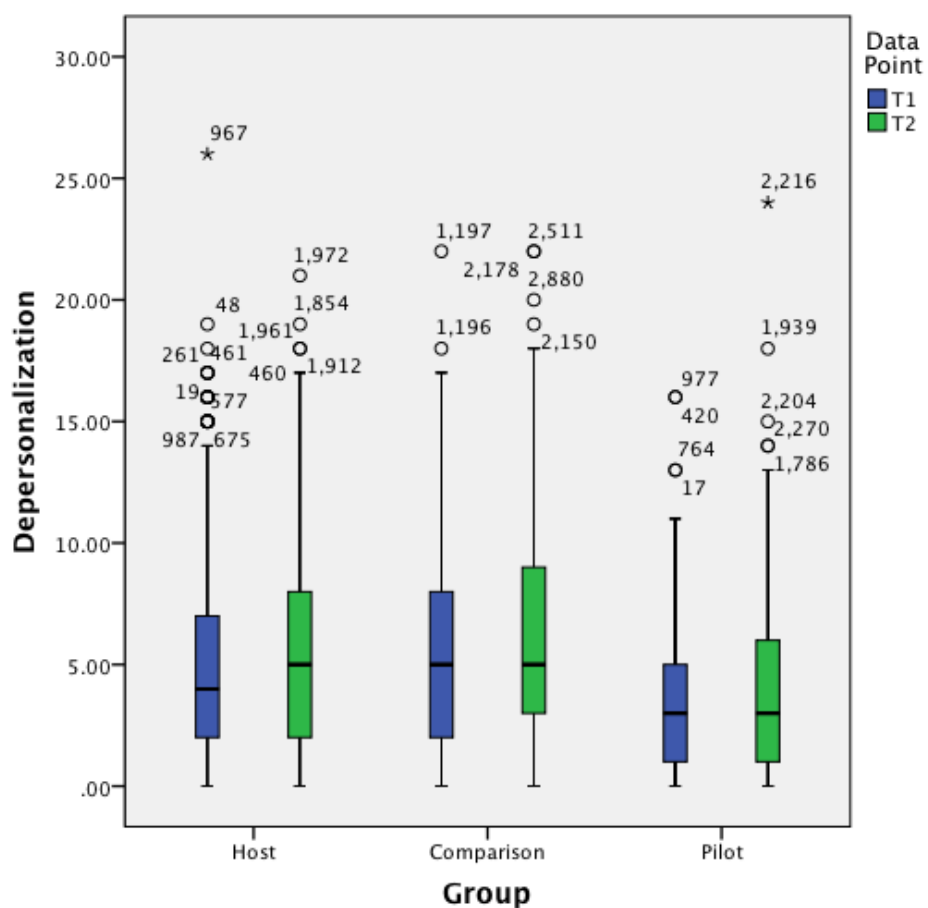
Data Point	N	Mean	Std. Deviation	Std. Error Mean
Depersonalization				
T1	423	5.5532	4.15532	0.20204
T2	331	6.1118	4.44252	0.24418

	Levene's Test for Equality of Variances		t-test for Equality of Means			
	F	Sig.	t	df	Sig. (2- tailed)	Mean Differen ce
Depersonalization						
Equal variances assumed	0.397	0.529	- 1.777	752	0.076	- 0.55859
Equal variances not assumed			- 1.763	685.3	0.078	- 0.55859

Pilots (change over time in DP):

Data Point	N	Mean	Std. Deviation	Std. Error Mean
Depersonalization				
T1	103	3.8252	3.60671	0.35538
T2	147	3.898	4.08763	0.33714

	Levene's Test for Equality of Variances		t-test for Equality of Means		Sig. (2-tailed)
	F	Sig.	t	df	
Depersonalization					
Equal variances assumed	1.786	0.183	-0.145	248	0.885
Equal variances not assumed			-0.148	235.15	0.882



Crosstabulation of DP Grouped by Time points and across groups (Host, Comparison, Pilot)

		Depersonalization Grouped			Total
		Low	Moderate	High	
T1					
Group	Host	495	173	50	718
		68.90%	24.10%	7.00%	100.00%
	Comparison	270	121	32	423
		63.80%	28.60%	7.60%	100.00%
	Pilot	84	15	4	103
		81.60%	14.60%	3.90%	100.00%
Total		849	309	86	1244
		68.20%	24.80%	6.90%	100.00%
T2					
Group	Host	355	162	38	555
		64.00%	29.20%	6.80%	100.00%
	Comparison	201	98	32	331
		60.70%	29.60%	9.70%	100.00%
	Pilot	113	28	6	147

		76.90%	19.00%	4.10%	100.00%
Total		669	288	76	1033
		64.80%	27.90%	7.40%	100.00%
TOTAL					
Group	Host	850	335	88	1273
		66.80%	26.30%	6.90%	100.00%
	Comparison	471	219	64	754
		62.50%	29.00%	8.50%	100.00%
	Pilot	197	43	10	250
		78.80%	17.20%	4.00%	100.00%
Total		1518	597	162	2277
		66.70%	26.20%	7.10%	100.00%

Chi-Square Tests

Data Point		Value	df	Asymp. Sig. (2-sided)
T1	Pearson Chi-Square	12.517 ^b	4	.014
	Likelihood Ratio	13.297	4	.010
	Linear-by-Linear Association	.767	1	.381
	N of Valid Cases	1244		
	Pearson Chi-Square	13.766 ^c	4	.008
T2	Likelihood Ratio	14.305	4	.006
	Linear-by-Linear Association	2.765	1	.096
	N of Valid Cases	1033		
	Pearson Chi-Square	23.056 ^a	4	.000
	Likelihood Ratio	24.327	4	.000
Total	Linear-by-Linear Association	2.872	1	.090
	N of Valid Cases	2277		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.79.

b. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.12.

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.82.

Personal Accomplishment

Comparing means of PA sub-scale

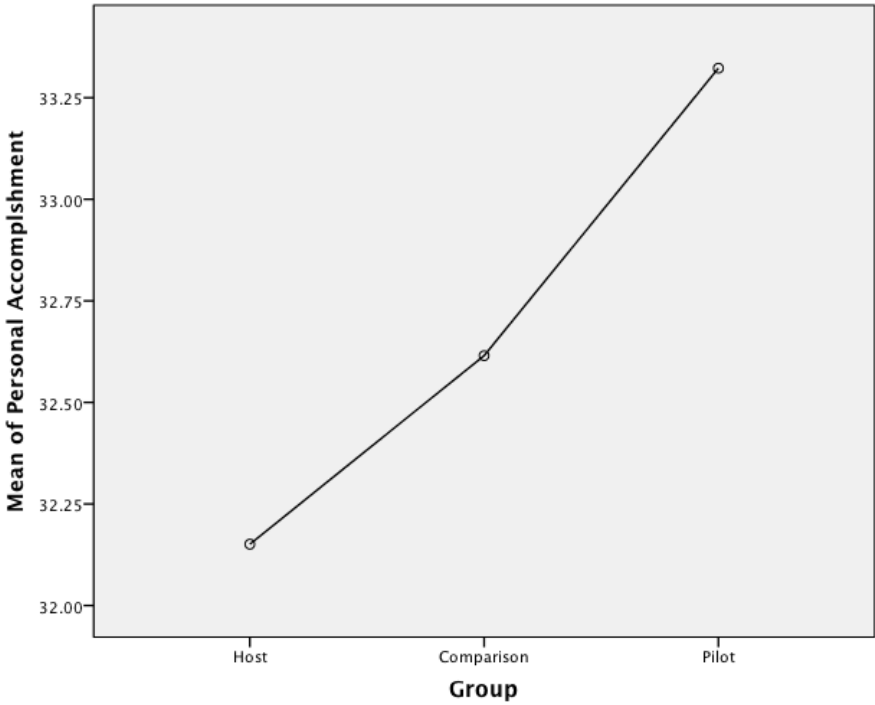
Overall means for both T1 and T2 by different groups

Descriptives				
Personal Accomplishment				
	N	Mean	Std. Deviation	Std. Error
Host	1272	32.1509	6.35676	0.17823
Comparison	756	32.6151	5.9689	0.21709
Pilot	251	33.3227	6.89431	0.43516
Total	2279	32.434	6.30181	0.13201

ANOVA

Personal Accomplishment

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	324.944	2	162.472	4.102	.017
Within Groups	90140.868	2276	39.605		
Total	90465.811	2278			



Report

Personal Accomplishment

Group	Data Point	Mean	N	Std. Deviation	Skewness
-------	------------	------	---	----------------	----------

Host	T1	32.4248	718	6.49680	-.299
	T2	31.7960	554	6.15824	-.213
	Total	32.1509	1272	6.35676	-.256
Comparison	T1	32.8014	423	5.86929	-.109
	T2	32.3784	333	6.09373	-.528
	Total	32.6151	756	5.96890	-.308
Pilot	T1	34.2136	103	5.89392	-.350
	T2	32.7027	148	7.46917	-1.042
	Total	33.3227	251	6.89431	-.934
Total	T1	32.7010	1244	6.25541	-.261
	T2	32.1130	1035	6.34530	-.475
	Total	32.4340	2279	6.30181	-.361

Personal Accomplishment * Group	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	324.944	2	162.472	4.102	0.017
Within Groups	90140.868	2276	39.605		
Total	90465.811	2278			

Host (change over time in PA):

Data Point	N	Mean	Std. Deviation	Std. Error Mean
Personal Accomplishment				
T1	718	32.4248	6.4968	0.24246
T2	554	31.796	6.15824	0.26164

	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	t	df	Sig. (2-tailed)
Personal Accomplishment					
Equal variances assumed	1.002	0.317	1.751	1270	0.08
Equal variances not assumed			1.763	1217.889	0.078

Comparison (change over time in PA):

Data Point	N	Mean	Std. Deviation	Std. Error Mean
Personal Accomplishment				

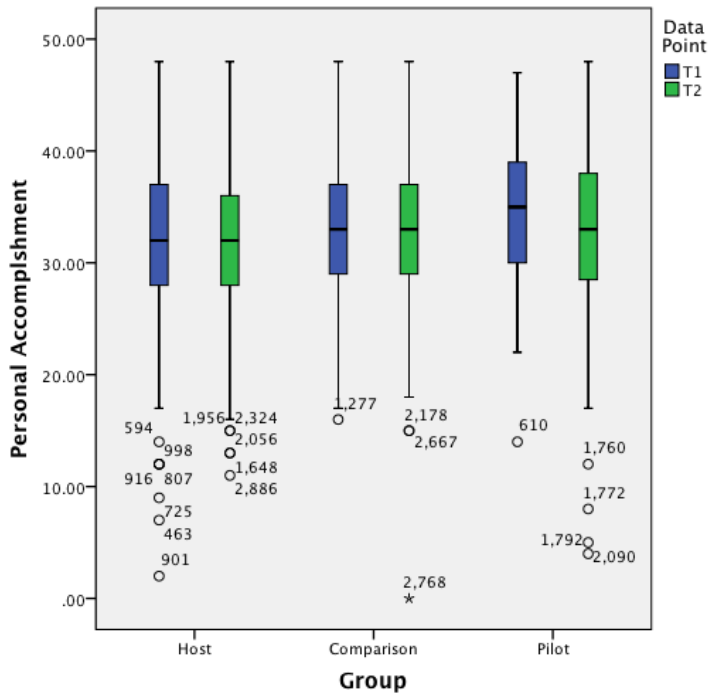
T1	423	32.8014	5.86929	0.28537
T2	333	32.3784	6.09373	0.33393

	Levene's Test for Equality of Variances		t-test for Equality of Means		
	F	Sig.	t	df	Sig. (2-tailed)
Personal Accomplishment					
Equal variances assumed	0.034	0.853	0.967	754	0.334
Equal variances not assumed			0.963	700.195	0.336

Pilot (change over time in PA):

Data Point	N	Mean	Std. Deviation	Std. Error Mean
Personal Accomplishment				
T1	103	34.2136	5.89392	0.58074
T2	148	32.7027	7.46917	0.61396

	Levene's Test for Equality of Variances		t-test for Equality of Means		Sig. (2-tailed)
	F	Sig.	t	df	
Personal Accomplishment					
Equal variances assumed	1.473	0.226	1.714	249	0.088
Equal variances not assumed			1.788	245.032	0.075



Crosstab

Data Point			Personal Accomplishment Grouped			Total
			Low	Moderate	High	
T1	Host	Count	127	281	310	718
		% within Group	17.7%	39.1%	43.2%	100.0%
	Comparison	Count	69	183	171	423
		% within Group	16.3%	43.3%	40.4%	100.0%
	Pilot	Count	28	38	37	103
		% within Group	27.2%	36.9%	35.9%	100.0%
T2	Total	Count	224	502	518	1244
		% within Group	18.0%	40.4%	41.6%	100.0%
	Host	Count	72	224	258	554
		% within Group	13.0%	40.4%	46.6%	100.0%
	Comparison	Count	47	144	142	333
		% within Group	14.1%	43.2%	42.6%	100.0%
Total	Pilot	Count	31	60	57	148
		% within Group	20.9%	40.5%	38.5%	100.0%
	Total	Count	150	428	457	1035
		% within Group	14.5%	41.4%	44.2%	100.0%
	Host	Count	199	505	568	1272
		% within Group	15.6%	39.7%	44.7%	100.0%
Total Group	Comparison	Count	116	327	313	756
		% within Group	15.3%	43.3%	41.4%	100.0%

Pilot	Count	59	98	94	251
	% within Group	23.5%	39.0%	37.5%	100.0%
	Count	374	930	975	2279
	% within Group	16.4%	40.8%	42.8%	100.0%

Chi-Square Tests

Data Point		Value	df	Asymp. Sig. (2-sided)
T1	Pearson Chi-Square	12.517 ^b	4	.014
	Likelihood Ratio	13.297	4	.010
	Linear-by-Linear Association	.767	1	.381
	N of Valid Cases	1244		
T2	Pearson Chi-Square	13.766 ^c	4	.008
	Likelihood Ratio	14.305	4	.006
	Linear-by-Linear Association	2.765	1	.096
	N of Valid Cases	1033		
Total	Pearson Chi-Square	23.056 ^a	4	.000
	Likelihood Ratio	24.327	4	.000
	Linear-by-Linear Association	2.872	1	.090
	N of Valid Cases	2277		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.79.

b. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.12.

c. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.82.

KARASEK JOB CONTENT QUESTIONNAIRE

Skill Discretion

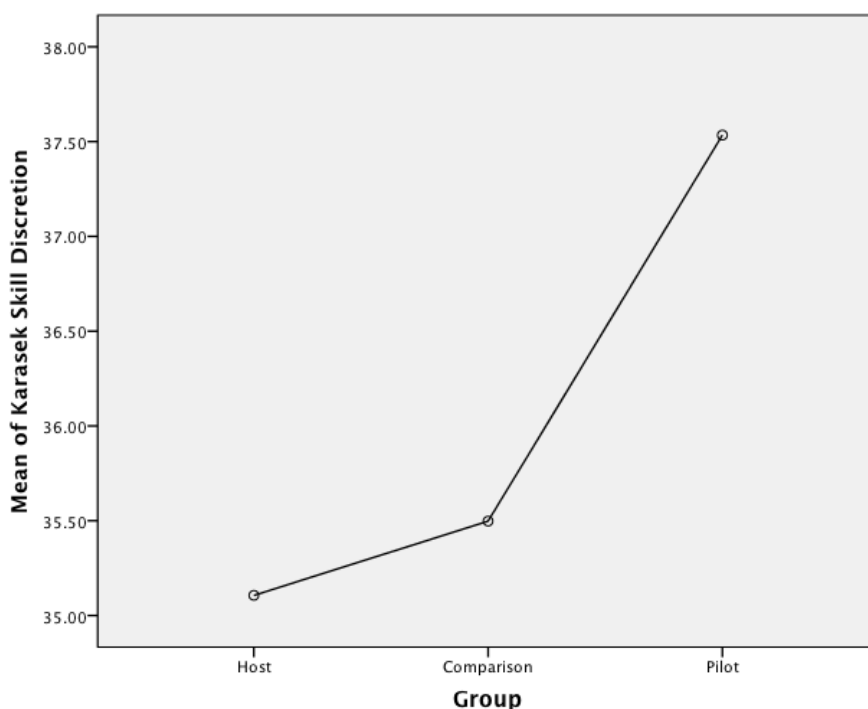
Descriptives						
Karasek Skill Discretion						
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Host	1244	35.1061	5.26727	0.14934	34.8131	35.3991

Comparison	749	35.498	4.6554	0.1701	35.1641	35.8319
Pilot	249	37.5341	4.70842	0.29838	36.9464	38.1218
Total	2242	35.5067	5.0618	0.1069	35.2971	35.7163

ANOVA

Karasek Skill Discretion

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1223.199	2	611.600	24.368	.000
Within Groups	56195.200	2239	25.098		
Total	57418.400	2241			



Report

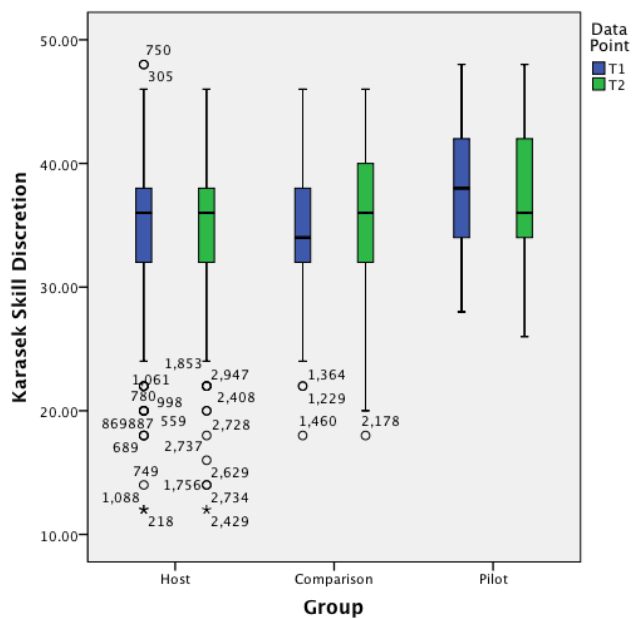
Karasek Skill Discretion

Group	Data Point	Mean	N	Std. Deviation	Skewness
Host	T1	35.1615	706	5.41807	-.558
	T2	35.0335	538	5.06667	-.738
	Total	35.1061	1244	5.26727	-.624

Comparison	T1	35.3413	419	4.55750	-.070
	T2	35.6970	330	4.77637	-.303
	Total	35.4980	749	4.65540	-.175
Pilot	T1	37.8058	103	4.59765	-.012
	T2	37.3425	146	4.79143	.145
	Total	37.5341	249	4.70842	.078
Total	T1	35.4446	1228	5.12033	-.419
	T2	35.5819	1014	4.99147	-.490
	Total	35.5067	2242	5.06180	-.450

Change over time

		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	10.459	1	10.459	0.408	0.523
Within Groups		57407.941	2240	25.629		
Total		57418.4	2241			



Decision Authority

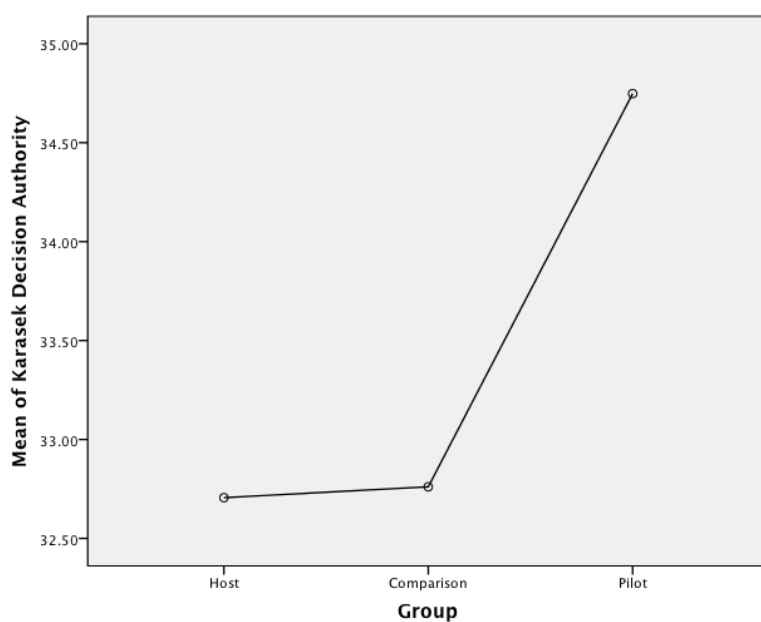
Descriptives						
Karasek Decision Authority						
	N	Mean	Std.	Std. Error	95% Confidence Interval	

			Deviation		for Mean	
					Lower Bound	Upper Bound
Host	1258	32.7059	6.46422	0.18225	32.3483	33.0634
Comparison	757	32.7609	6.20054	0.22536	32.3185	33.2033
Pilot	246	34.748	6.138	0.39134	33.9771	35.5188
Total	2261	32.9465	6.37051	0.13398	32.6838	33.2092

ANOVA

Karasek Decision Authority

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	897.252	2	448.626	11.154	.000
Within Groups	90821.273	2258	40.222		
Total	91718.525	2260			



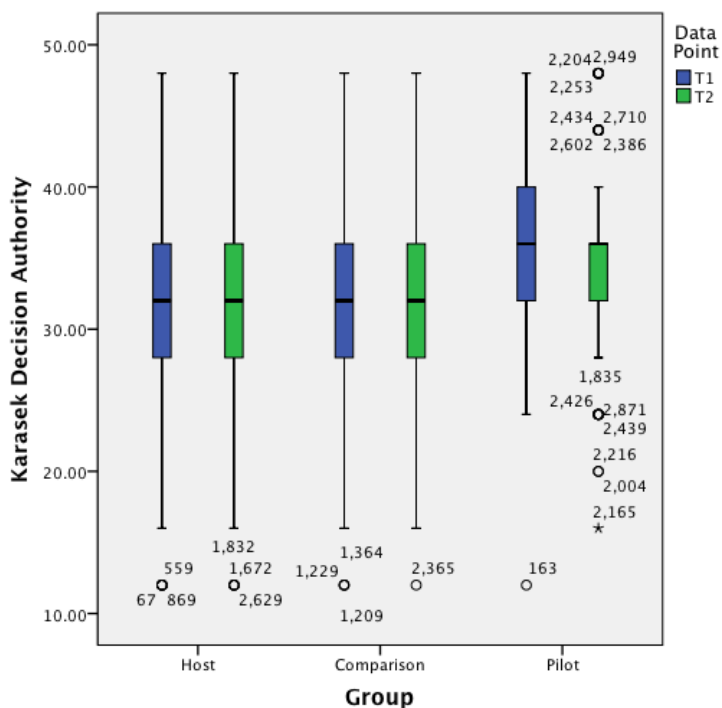
Report

Karasek Decision Authority

Data Point	Group	Mean	N	Std. Deviation	Skewness
T1	Host	32.6667	714	6.56937	-.150
	Comparison	32.5822	426	6.36158	-.187
	Pilot	35.1683	101	6.40792	-.159
	Total	32.8413	1241	6.51758	-.159
T2	Host	32.7574	544	6.32921	-.244

Total	Comparison	32.9909	331	5.98862	-.070
	Pilot	34.4552	145	5.94766	.007
	Total	33.0745	1020	6.18764	-.168
	Host	32.7059	1258	6.46422	-.189
	Comparison	32.7609	757	6.20054	-.147
	Pilot	34.7480	246	6.13800	-.057
	Total	32.9465	2261	6.37051	-.165

Karasek Decision Authority * Data Point	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	30.46	1	30.46	0.75	0.386
Within Groups	91688.065	2259	40.588		
Total	91718.525	2260			



Decision Latitude

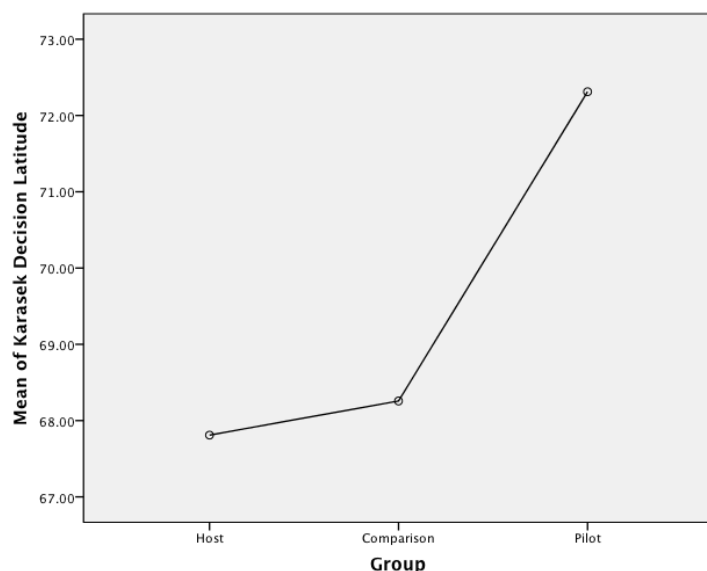
Descriptives						
Karasek Decision Latitude						
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower	Upper

					Bound	Bound
Host	1231	67.8099	10.39541	0.29629	67.2286	68.3912
Comparison	747	68.257	9.38016	0.3432	67.5833	68.9308
Pilot	244	72.3115	9.73398	0.62315	71.084	73.5389
Total	2222	68.4545	10.0819	0.21388	68.0351	68.874

ANOVA

Karasek Decision Latitude

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4170.412	2	2085.206	20.882	.000
Within Groups	221582.498	2219	99.857		
Total	225752.909	2221			



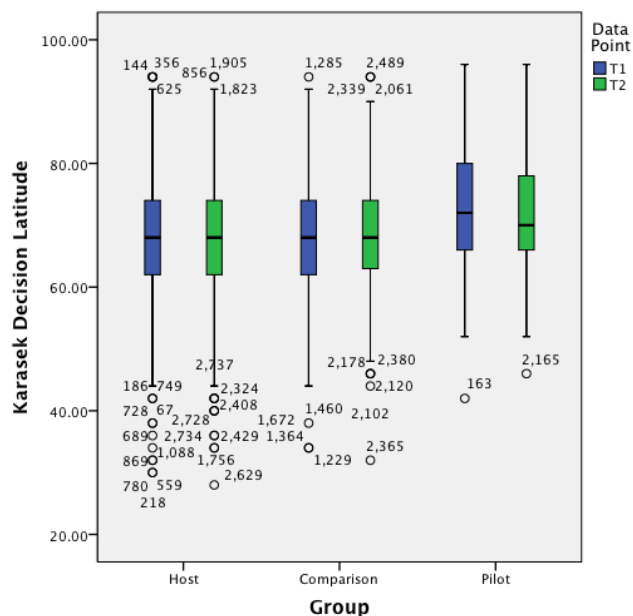
Report

Karasek Decision Latitude

Data Point	Group	Mean	N	Std. Deviation	Skewness
T1	Host	67.8169	699	10.56516	-.244
	Comparison	67.8950	419	9.60006	-.079
	Pilot	73.0297	101	9.90198	-.164
	Total	68.2756	1219	10.28060	-.186
T2	Host	67.8008	532	10.17797	-.426
	Comparison	68.7195	328	9.08509	-.006
	Pilot	71.8042	143	9.61605	.232
	Total	68.6720	1003	9.83573	-.234
Total	Host	67.8099	1231	10.39541	-.317

Comparison	68.2570	747	9.38016	-.057
Pilot	72.3115	244	9.73398	.065
Total	68.4545	2222	10.08190	-.209

Karasek Decision Latitude * Data Point	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	86.44	1	86.44	0.85	0.357
Within Groups	225666.469	2220	101.652		
Total	225752.909	2221			



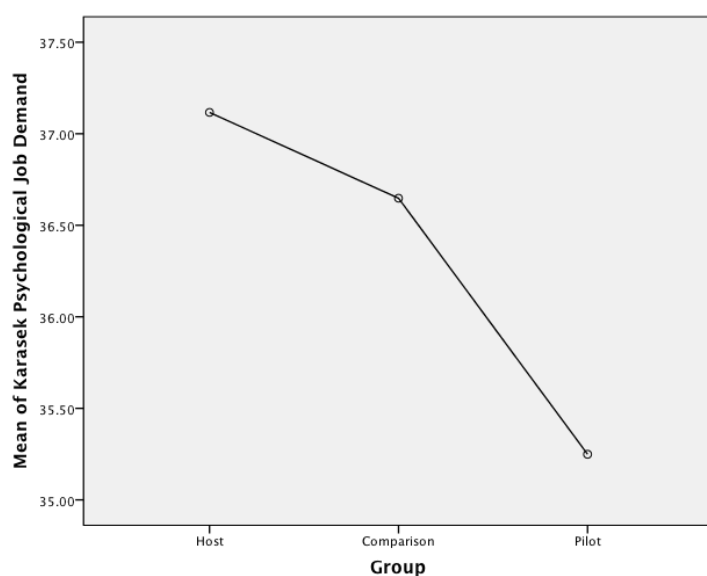
Karasek Psychological Job Demand

Descriptives						
Karasek Psychological Job Demand						
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Host	1219	37.1165	5.99695	0.17176	36.7795	37.4535
Comparison	738	36.6477	5.45369	0.20075	36.2536	37.0418
Pilot	241	35.249	6.3282	0.40764	34.446	36.052
Total	2198	36.7543	5.88346	0.12549	36.5082	37.0004

ANOVA

Karasek Psychological Job Demand

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	714.412	2	357.206	10.408	.000
Within Groups	75334.922	2195	34.321		
Total	76049.334	2197			



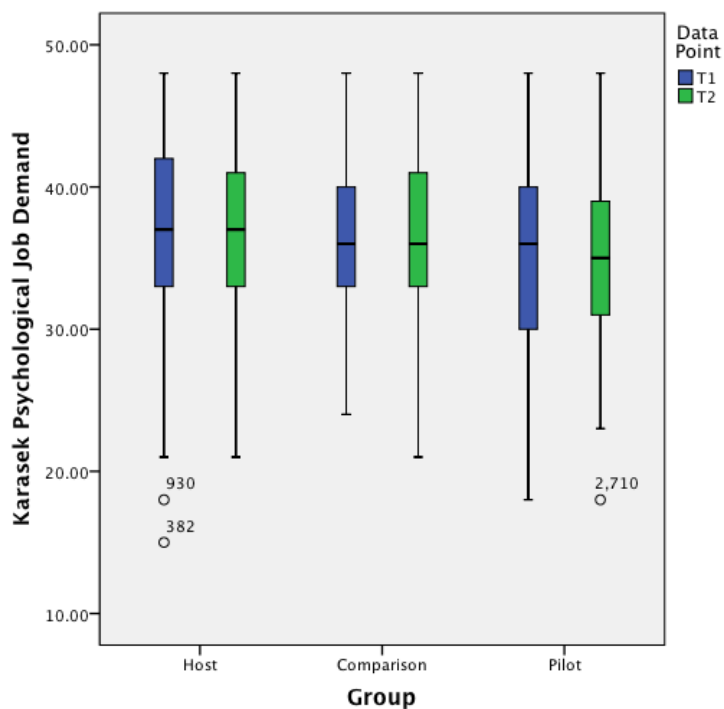
Report

Karasek Psychological Job Demand

Group	Data Point	Mean	N	Std. Deviation	Skewness
Host	T1	37.2104	694	6.00640	-.138
	T2	36.9924	525	5.98790	-.040
	Total	37.1165	1219	5.99695	-.096
Comparison	T1	36.6691	417	5.33546	.060
	T2	36.6199	321	5.61183	.061
	Total	36.6477	738	5.45369	.060
Pilot	T1	35.6733	101	6.92403	.034
	T2	34.9429	140	5.86757	.047
	Total	35.2490	241	6.32820	.068
Total	T1	36.8960	1212	5.88065	-.073
	T2	36.5801	986	5.88521	.003
	Total	36.7543	2198	5.88346	-.039

Change over time

Karasek Psychological Job Demand * Data Point		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	54.263	1	54.263	1.568	0.211
Within Groups		75995.071	2196	34.606		
Total		76049.334	2197			



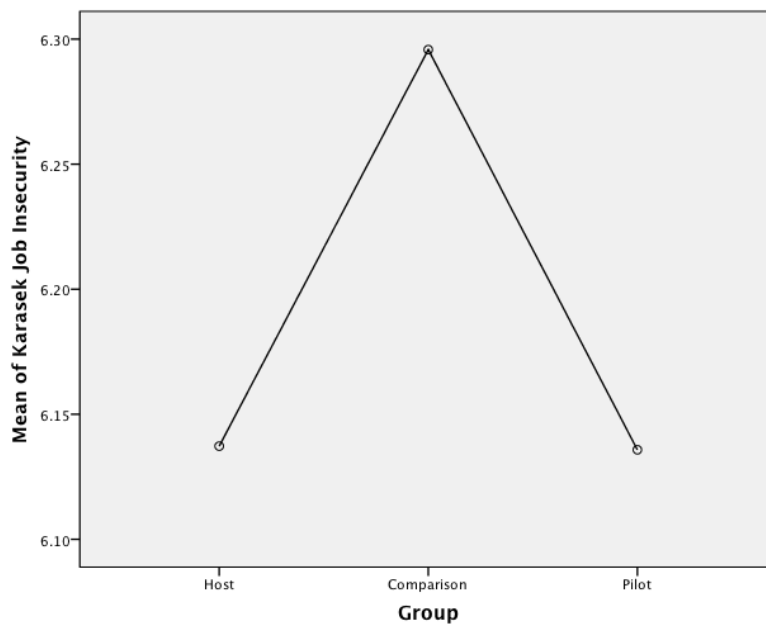
Karasek Job Insecurity

Descriptives						
Karasek Job Insecurity						
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Host	1224	6.1373	2.20994	0.06317	6.0133	6.2612
Comparison	737	6.2958	2.35836	0.08687	6.1252	6.4663
Pilot	243	6.1358	2.12474	0.1363	5.8673	6.4043
Total	2204	6.1901	2.25188	0.04797	6.096	6.2842

ANOVA

Karasek Job Insecurity

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	12.368	2	6.184	1.220	.296
Within Groups	11158.977	2201	5.070		
Total	11171.344	2203			



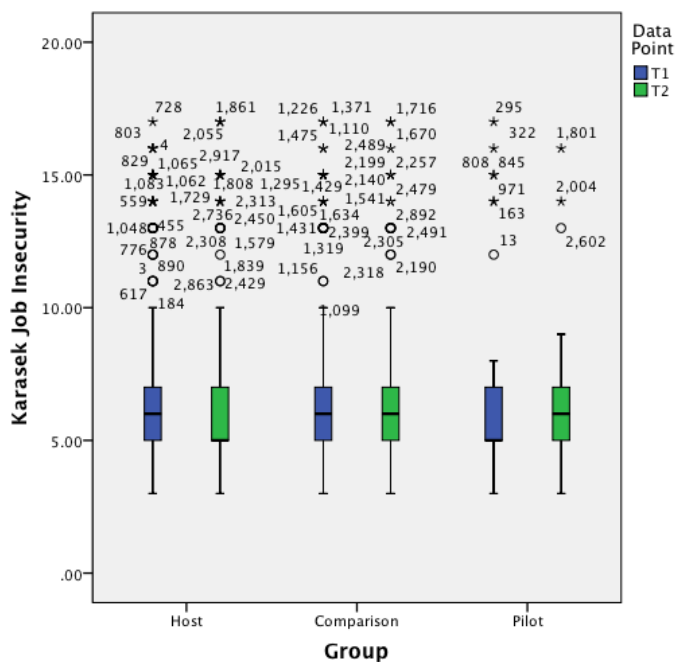
Report

Karasek Job Insecurity

Group	Data Point	Mean	N	Std. Deviation	Skewness
Host	T1	6.2518	695	2.26391	2.195
	T2	5.9868	529	2.12974	2.322
	Total	6.1373	1224	2.20994	2.243
Comparison	T1	6.4207	416	2.46878	2.120
	T2	6.1340	321	2.20031	2.415
	Total	6.2958	737	2.35836	2.238
Pilot	T1	6.2376	101	2.54617	2.762
	T2	6.0634	142	1.77138	2.357
	Total	6.1358	243	2.12474	2.776
Total	T1	6.3086	1212	2.35962	2.227
	T2	6.0454	992	2.10496	2.365
	Total	6.1901	2204	2.25188	2.295

Change over time

Karasek Job Insecurity *		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	37.795	1	37.795	7.475	0.006
Within Groups		11133.549	2202	5.056		
Total		11171.344	2203			



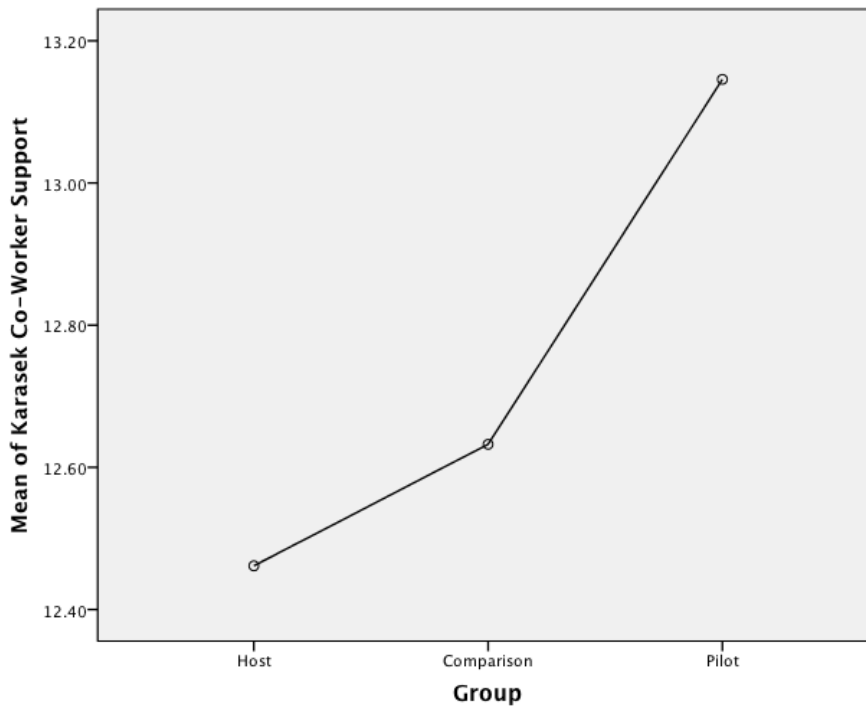
Karasek Co-Worker Support

Descriptives						
Karasek Co-Worker Support						
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Host	1233	12.4615	1.92312	0.05477	12.354	12.5689
Comparison	740	12.6324	1.80887	0.0665	12.5019	12.763
Pilot	247	13.1457	1.88139	0.11971	12.91	13.3815
Total	2220	12.5946	1.89198	0.04016	12.5158	12.6733

ANOVA

Karasek Co-Worker Support

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	97.940	2	48.970	13.839	.000
Within Groups	7845.195	2217	3.539		
Total	7943.135	2219			



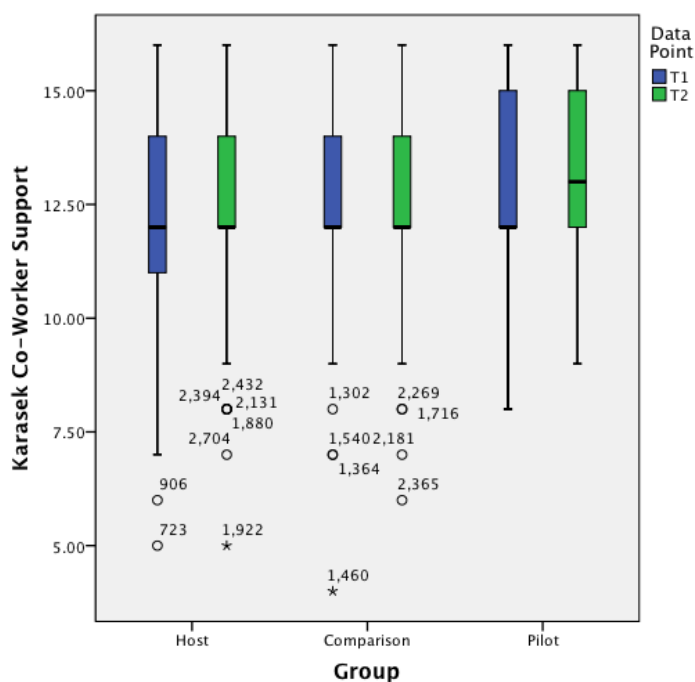
Report

Karasek Co-Worker Support

Group	Data Point	Mean	N	Std. Deviation	Skewness
Host	T1	12.4534	697	1.95963	.122
	T2	12.4720	536	1.87636	.241
	Total	12.4615	1233	1.92312	.169
Comparison	T1	12.6492	419	1.76450	.133
	T2	12.6106	321	1.86776	.280
	Total	12.6324	740	1.80887	.201
Pilot	T1	13.0000	102	1.99504	.176
	T2	13.2483	145	1.79711	.123
	Total	13.1457	247	1.88139	.127
Total	T1	12.5665	1218	1.90297	.122
	T2	12.6287	1002	1.87893	.223
	Total	12.5946	2220	1.89198	.166

Change over time

Karasek Co-Worker Support * Data Point		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	2.13	1	2.13	0.595	0.441
Within Groups		7941.006	2218	3.58		
Total		7943.135	2219			



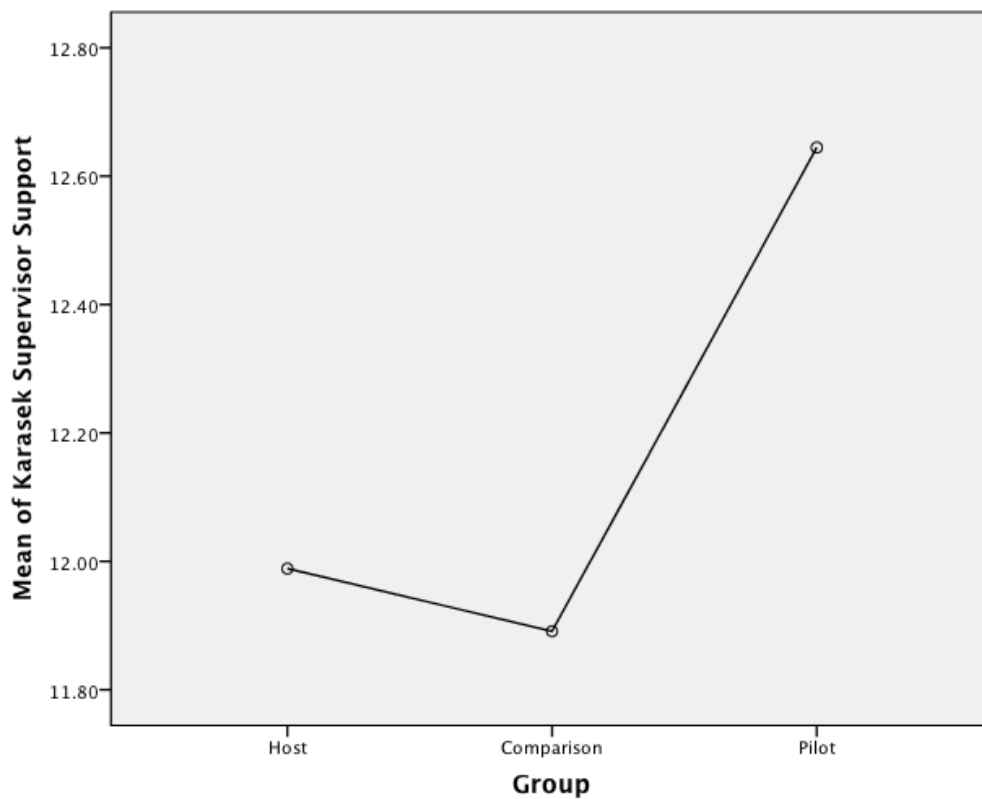
Karasek Supervisor Support

Descriptives						
Karasek Supervisor Support						
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Host	1241	11.9887	2.61538	0.07424	11.8431	12.1344
Comparison	744	11.8911	2.53805	0.09305	11.7085	12.0738
Pilot	242	12.6446	2.496	0.16045	12.3286	12.9607
Total	2227	12.0274	2.58523	0.05478	11.92	12.1348

ANOVA

Karasek Supervisor Support

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	107.868	2	53.934	8.121	.000
Within Groups	14769.462	2224	6.641		
Total	14877.329	2226			



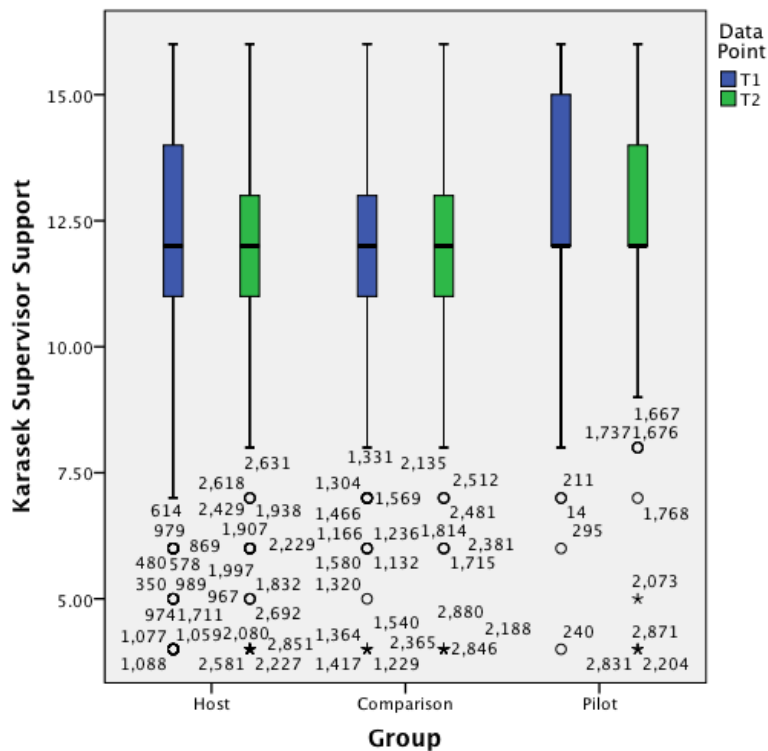
Report

Karasek Supervisor Support

Group	Data Point	Mean	N	Std. Deviation	Skewness
Host	T1	12.0314	701	2.67937	-.594
	T2	11.9333	540	2.53129	-.580
	Total	11.9887	1241	2.61538	-.585
Comparison	T1	11.8791	422	2.44990	-.419
	T2	11.9068	322	2.65293	-.488
	Total	11.8911	744	2.53805	-.452
Pilot	T1	12.6863	102	2.54846	-.585
	T2	12.6143	140	2.46584	-.954
	Total	12.6446	242	2.49600	-.784
Total	T1	12.0335	1225	2.59802	-.533
	T2	12.0200	1002	2.57080	-.592
	Total	12.0274	2227	2.58523	-.558

Change over time

Karasek Supervisor Support * Data Point		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	0.101	1	0.101	0.015	0.902
Within Groups		14877.229	2225	6.686		
Total		14877.329	2226			



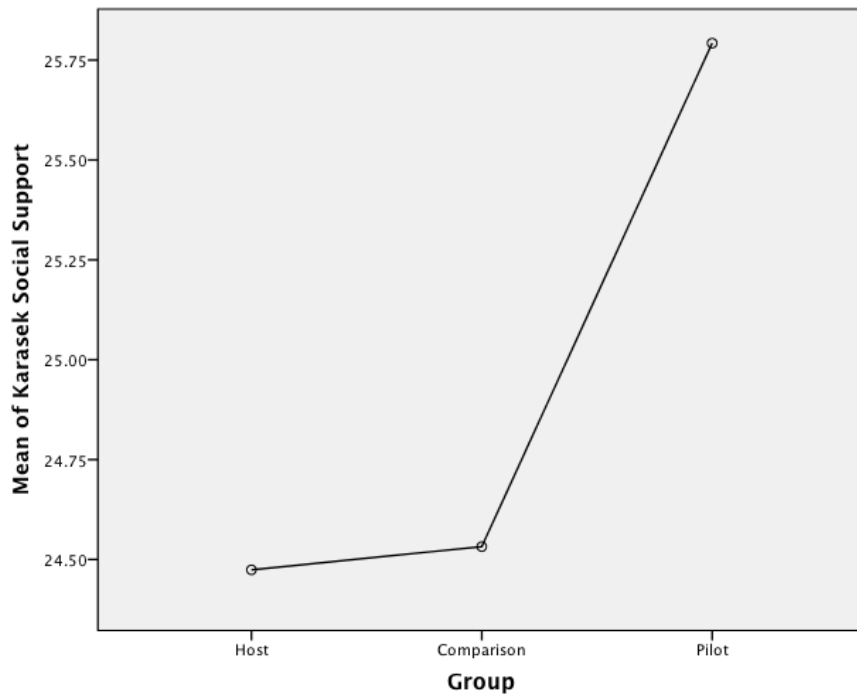
Karasek Social Support

Descriptives						
Karasek Social Support						
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Host	1215	24.4741	3.86755	0.11096	24.2564	24.6918
Comparison	731	24.5321	3.60669	0.1334	24.2703	24.794
Pilot	241	25.7925	3.93892	0.25373	25.2927	26.2923
Total	2187	24.6388	3.81051	0.08148	24.479	24.7986

ANOVA

Karasek Social Support

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	362.077	2	181.039	12.601	.000
Within Groups	31378.554	2184	14.367		
Total	31740.632	2186			



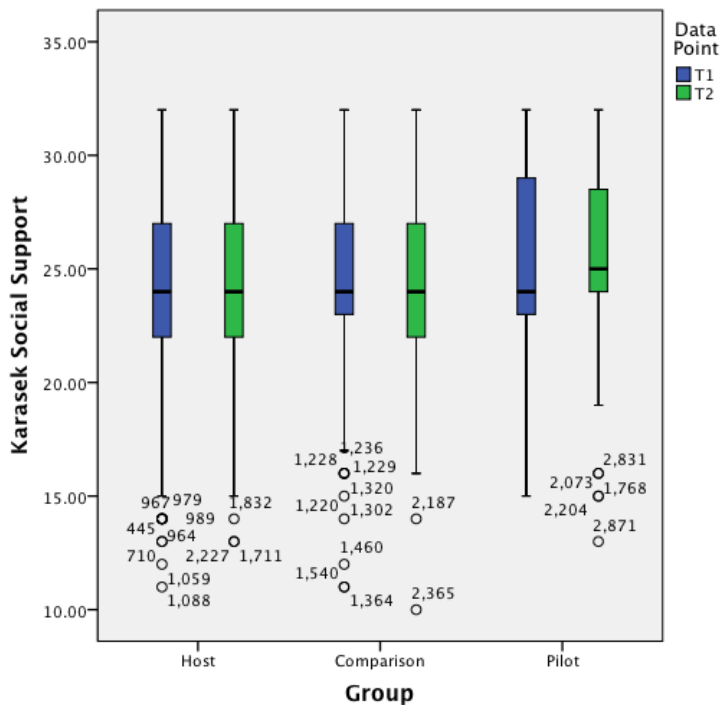
Report

Karasek Social Support

Group	Data Point	Mean	N	Std. Deviation	Skewness
Host	T1	24.5051	689	3.95620	-.054
	T2	24.4335	526	3.75161	.115
	Total	24.4741	1215	3.86755	.014
Comparison	T1	24.5505	416	3.51895	-.114
	T2	24.5079	315	3.72491	-.033
	Total	24.5321	731	3.60669	-.077
Pilot	T1	25.6535	101	4.08518	.020
	T2	25.8929	140	3.84164	-.443
	Total	25.7925	241	3.93892	-.233
Total	T1	24.6169	1206	3.83206	-.052
	T2	24.6656	981	3.78562	-.004
	Total	24.6388	2187	3.81051	-.031

Change over time

Karasek Social Support * Data Point		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	1.285	1	1.285	0.088	0.766
Within Groups		31739.347	2185	14.526		
Total		31740.632	2186			



Karasek Physical Exertion

Descriptives						
Karasek Physical Exertion						
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Host	1274	2.1845	0.67129	0.01881	2.1476	2.2214
Comparison	756	2.1601	0.65066	0.02366	2.1136	2.2065
Pilot	248	2.2137	0.69022	0.04383	2.1274	2.3

Total	2278	2.1795	0.66652	0.01396	2.1522	2.2069
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ANOVA

Karasek Physical Exertion

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.607	2	.304	.683	.505
Within Groups	1010.959	2275	.444		
Total	1011.567	2277			

Report

Karasek Physical Exertion

Group	Data Point	Mean	N	Std. Deviation	Skewness
Host	T1	2.1895	723	.65424	.438
	T2	2.1779	551	.69357	.535
	Total	2.1845	1274	.67129	.483
Comparison	T1	2.1840	424	.66249	.563
	T2	2.1295	332	.63491	.385
	Total	2.1601	756	.65066	.494
Pilot	T1	2.2427	103	.70664	.466
	T2	2.1931	145	.68004	.546
	Total	2.2137	248	.69022	.511
Total	T1	2.1920	1250	.66112	.485
	T2	2.1644	1028	.67304	.502
	Total	2.1795	2278	.66652	.491

Karasek Physical Exertion * Data Point		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	0.43	1	0.43	0.967	0.325
Within Groups		1011.137	2276	0.444		
Total		1011.567	2277			